

## NYS eClaims MTC Filing Instructions

Revised 9/4/2019

These Filing Instructions summarize the MTC that must be filed to report a specific claim event and the filing due dates for that Claim Event				
<u>ID</u>	<u>Scenario</u>	<u>Description</u>	<u>Filing Requirements</u>	
			MTC	Due Date
Medical Only				
1	<b>No Lost Time</b>	<p>The injured worker will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid as defined by §110(2) and NYCRR §300.22. This includes an occupational disease as defined by §2. There is lost time beyond the working day or shift on which the accident occurred as defined by §110(2) and §300.22.</p> <p>Important: Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.</p>	<b>FROI 00</b>	<p>Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p>

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Initial Payments				
2	<b>Insurer Paid Lost Time</b>	<p>The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and benefits are paid by the Claim Administrator per §25(1)(c).</p> <p><b>Important:</b> Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.</p>	<b>FROI 00 + SROI IP</b>	<p><b>FROI 00:</b> Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI IP:</b> Within <b>18 days</b> of the disability <del>event</del> or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p>
3	<b>Employer Paid Lost Time</b>	<p>The injured worker has lost time beyond the working day or shift on which the accident (includes occupational disease) occurred as defined by §110(2) and wages are paid by the Employer per §25(1)(c).</p> <p><b>Important:</b> Statement of Rights Form C-430S to be sent to the claimant by Claim Administrator. If carrier has a Diagnostic Testing Network, Form DT-1 should also be sent to the claimant.</p>	<b>FROI 00 + SROI EP</b>	<p><b>FROI 00:</b> Within <b>18 days</b> of the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI EP:</b> Within <b>18 days</b> of the disability <del>event</del> or within <b>10 days</b> after the employer has knowledge of the disability event whichever period is the greater.</p>

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			MTC	Due Date
4	<b>Causally Related Death Beneficiary Investigation</b>	<p>The injured worker has died and the death is related to employment, but no payments are being made pending further beneficiary investigation.</p> <p><b>Note:</b> If death does not occur on the same day as accident, a <b>FROI 00</b> needs to be filed for both the accident claim and the death claim.</p>	<b>FROI 00 + SROI CD</b>	<p><b>FROI 00:</b> Within <b>18 days</b> of the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI CD:</b> Within <b>18 days</b> after Date of Death or within <b>10 days</b> after the employer first has knowledge of the death, which period is the greater.</p>

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5	<b>Causally Related Death</b>	<p>The injured worker has died and the death is related to employment. Benefits are being paid by the Claim Administrator.</p> <p><b>Note:</b> If death does not occur on the same day as accident, a <b>FROI 00</b> needs to be filed for both the accident claim and the death claim.</p> <p><b>Important:</b> SROI-CD to be sent to claimant and claimant attorney(if any).</p>	<p><b>FROI 00</b> + <b>SROI IP</b></p>	<p><b>FROI 00:</b> Within <b>18 Days</b> of the disability event or within <b>10 Days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI IP:</b> Within <b>18 days</b> after Date of Death or within <b>10 days</b> after the employer first has knowledge of the death, which period is the greater.</p>

**Payment Changes**

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			MTC	Due Date
6	<b>Benefit Rate Changes</b>	<p>Notification of change in benefit rate based upon payroll information received by the Claim Administrator is required per NYCRR §300.23 or change in degree of disability for a partial disability.</p> <p><b>Important:</b> SROI-CA with supporting documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI CA</b>	Within <b>16 Days</b> of change in benefit rate
7	<b>Benefit Type Changes</b>	<p>Notification of change in benefit type based upon medical information received by the Claim Administrator is required per §300.23.</p> <p><b>Important:</b> SROI-CB with supporting documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI CB</b>	Within <b>16 Days</b> of change in benefit type
<b>Denials</b>				
8	<b>Full Denial of Claim</b>	<p>When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a).</p> <p><b>Important:</b> FROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.</p>	<b>FROI 04</b>	Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.

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9	Full Denial of Claim	<p>When the right to compensation is controverted by the Claim Administrator, as defined by §25(2)(a) or §25(2)(b).</p> <p><b>Important:</b> SROI-04 to be sent to claimant, claimant attorney(if any), health providers and disability carrier.</p>	FROI 00 + SROI 04	<p><b>FROI 00:</b> Within <b>18 days</b> after disability event or within <b>10 days</b> after the employer first has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI 04:</b> Within <b>18 days</b> of the disability event or within <b>10 days</b> after the employer first has knowledge of the disability event. If the case is indexed, the Claim Administrator will not waive (25[2][b]) defenses when the denial is filed within <b>25 days</b> of the date of indexing.</p>
10	Partial Denial	<p>Denying indemnity in part, not medical per §300.22. The claim is not disputed and partial payment for lost time has begun. Medical will be paid by the Claim Administrator.</p> <p><b>Note:</b> Examples are unrelated condition and apportionment issue. Form C-8.1 must be used to deny medical.</p> <p><b>Important:</b> SROI-PD to be sent to claimant and claimant attorney(if any).</p>	FROI 00 + SROI PD	<p><b>FROI 00:</b> Within <b>18 days</b> after the disability event or within <b>10 days</b> after the employer has knowledge of the disability event, whichever period is the greater.</p> <p><b>SROI PD:</b> Within <b>18 Days</b> of the disability <del>event</del> or within <b>10 days</b> after the employer first has knowledge of the disability event, whichever period is the greater.</p>

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Suspensions				
11	<b>Return to Work</b>	<p>A Claim Administrator has received notice of return to work by the injured worker as defined by §300.23 and §25(1)(b).</p> <p><b>Important:</b> SROI-S1 to be sent to claimant and claimant attorney(if any).</p>	<b>SROI S1</b>	Within <b>16 days</b> after payments have been stopped
12	<b>Medical Release for Return to Work</b>	<p>A Claim Administrator has medical evidence from the injured worker that the injured worker has no disability as defined by §300.23 and §25(1)(b).</p> <p><b>Important:</b> SROI-S1 to be sent to claimant and claimant attorney(if any).</p>	<b>SROI S1</b>	Within <b>16 days</b> after payments have been stopped
13	<b>Medically Qualified to Return to Work</b>	<p>A Claim Administrator making payments without waiting for an award of the Board has medical reports justifying the suspension of payments as defined by §300.23 and §25(1)(b).</p> <p><b>Important:</b> SROI-S1 with medical documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI S1</b>	Within <b>16 days</b> after payments have been stopped

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14	<b>Medical Non-Compliance</b>	A Claim Administrator making payments without waiting for an award of the Board has not received medical evidence of disability from the claimant as required.  <b>Important:</b> SROI-S2 to be sent to claimant and claimant attorney(if any).	<b>SROI S2</b>	Within <b>16 days</b> after payments have been stopped
15	<b>Claimant Failed to Attend an Independent Medical Exam</b>	A Claim Administrator making payments has proof that the claimant has failed to attend two or more Independent Medical Examinations as defined by §19.  <b>Important:</b> SROI-S2 with supporting documentation to be sent to claimant and claimant attorney(if any).	<b>SROI S2</b>	Within <b>16 days</b> after payments have been stopped
16	<b>Death of Claimant</b>	A Claim Administrator making payments has received proof that an injured worker has passed away.  <b>Important:</b> SROI-S4 with supporting documentation to be sent to claimant and claimant attorney(if any).	<b>SROI S4</b>	Within <b>16 days</b> after payments have been stopped



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17	<b>Incarceration of Claimant</b>	<p>A Claim Administrator making payments has received proof that an injured worker is incarcerated as defined by §300.23.</p> <p><b>Important:</b> SROI-S5 with supporting documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI S5</b>	Within <b>16 days</b> after payments have been stopped
18	<b>Benefits Exhausted</b>	<p>Entitlement of the injured worker to benefits has been exhausted as defined by NYS WCL.</p> <p><b>Note:</b> Applies to end of schedule loss of use with future payments and end of permanent partial disability payments</p> <p><b>Important:</b> SROI-S7 to be sent with supporting documentation, when required, to claimant and claimant attorney(if any).</p>	<b>SROI S7</b>	Within <b>16 days</b> after payments have been stopped
19	<b>Board Ordered Suspension</b>	<p>A Claim Administrator making payments receives notice from the Board that payments to an injured worker are to be suspended.</p> <p><b>Important:</b> SROI-SD to be sent to claimant and claimant attorney(if any).</p>	<b>SROI SD</b>	Within <b>16 days</b> after payments have been stopped

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20	<b>Claim Administrator Appeal</b>	<p>A Claim Administrator directed to make payments serves notice on the Board that payments to an injured worker will be suspended pending the outcome of an appeal.</p> <p><b>Important:</b> SROI-SJ and Form RB-89 to be sent to claimant and claimant attorney(if any). NOTE: RB-89 is due within 30 days after notice of filing of the decision of the WC Law Judge.</p>	<b>SROI SJ</b>	Within <b>16 days</b> after payments have been stopped
21	<b>Claim Administrator Judicial Review</b>	<p>A Claim Administrator making voluntary payments to an injured worker serves notice on the Board that payments will be suspended pending the outcome of a judicial review per §21(a).</p> <p><b>Important:</b> SROI-SJ to be sent to claimant and claimant attorney(if any).</p>	<b>SROI SJ</b>	Within <b>5 Days</b> after payments have been stopped

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			MTC	Due Date
22	<b>Claim Administrator Judicial Review</b>	<p>A Claim Administrator directed to make payments serves notice on the Board that payments to an injured worker will be suspended pending the outcome of a judicial review</p> <p><b>Note:</b> Claimant has finalized a 3rd Party Settlement</p> <p><b>Important:</b> SROI-SJ with supporting documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI SJ</b>	Within <b>16 days</b> after payments have been stopped
<b>Reinstatements</b>				
23	<b>Insurer Reinstatement</b>	<p>Benefits paid by the Claim Administrator for an injured worker are resumed.</p> <p><b>Important:</b> SROI-RB to be sent to claimant and claimant attorney(if any).</p>	<b>SROI RB</b>	Within <b>18 days</b> after payments have resumed

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24	<b>Employer Reinstatement</b>	<p>Wages paid by the Employer for an injured worker are resumed.</p> <p><b>Important:</b> SROI-ER to be sent to claimant and claimant attorney(if any).</p>	<b>SROI ER</b>	<p>Within <b>16 days</b> after employer payments have resumed</p>
Reduced Earnings				
25	<b>Temporary Partial Gross Weekly Amount Changes</b>	<p>An injured worker has been released or returned to work and is receiving a reduced rate of pay. The gross weekly amount changes for temporary partial disability benefits.</p> <p><b>Note:</b> SROI RE is not to be sent when another SROI MTC would apply.</p> <p><b>Important:</b> SROI-RE with supporting documentation to be sent to claimant and claimant attorney(if any).</p>	<b>SROI RE</b>	<p>Within <b>16 Days</b> after change in benefit rate</p>
Acquired Claims				
26	<b>New Claim Administrator</b>	<p>A new Claim Administrator becomes responsible for a Claim</p>	<b>FROI AQ</b>	<p>Within <b>10 Days</b> after acquisition of claim</p>

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27	<b>New Claim Administrator Pays Benefits</b>	<p>A new Claim Administrator makes payment of benefits to an injured worker.</p> <p><b>Important:</b> SROI-AP to be sent to claimant and claimant attorney(if any).</p>	<b>FROI AQ</b> + <b>SROI AP</b>	<p><b>FROI AQ:</b> Within <b>10 days</b> after the acquisition of the claim.</p> <p><b>SROI AP:</b> Within <b>16 days</b> after payments are made by the new Claim Administrator.</p>
28	<b>No Match Found for Acquired Claim</b>	<p>A <b>FROI AQ</b> has been rejected by the Board because a matching claim could not be located.</p> <p><b>Important:</b> When <b>SROI AP</b> is filed, SROI-AP to be sent to claimant and claimant attorney(if any).</p>	<b>FROI AU</b> + <b>SROI AP</b>	<p><b>FROI AU:</b> Within <b>30 days</b> after the rejection by the WCB of a <b>FROI AQ</b>.</p> <p><b>SROI AP:</b> Within <b>16 days</b> after payments are made by the new Claim Administrator.</p>
29	<b>Unreported Claim Acquired</b>	<p>A new Claim Administrator becomes responsible for a claim that has not been reported to the Board.</p> <p style="text-align: center;"><u>OR</u></p> <p>A new Claim Administrator is not aware that a FROI 00 or FROI UR was previously submitted for a claim.</p> <p><b>Important:</b> When <b>SROI AP</b> is filed, SROI-AP to be sent to claimant and claimant attorney(if any).</p>	<b>FROI AU</b> + <b>SROI AP</b>	<p><b>FROI AU:</b> Within <b>10 days</b> after the acquisition of the claim.</p> <p><b>SROI AP:</b> Within <b>16 days</b> after payments are made by the new Claim Administrator.</p>

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Awards				
30	<b>Payment of Awards</b>	<p>Payments of compensation are made according to the terms of an award are payable within 10 days from the date decision duly filed per §25(3)(f).</p> <p><b>Important:</b> SROI-PY to be sent to claimant and claimant attorney(if any).  <b>Note:</b> If a more appropriate MTC should be filed to note the Award that MTC should be filed in place of the SROI-PY. For example, a <del>WCLJ directed a Change in Benefit Type and the SROI-CB was sent in place of a SROI-PY as the SROI-CB was most appropriate per the NYS Event Table.</del> An award made for an 8 week week period of lost time, send <b>SROI-IP</b> followed by a <b>SROI-Sx</b>.</p>	SROI PY	Within <b>16 Days</b> after the payment is made.
31	<b>Lump Sum Payment/Schedule Loss of Use/Facial Disfigurement</b>	<p>The reporting of the payment to an injured worker after a §32 Waiver Agreement is approved by the Board or a Schedule Loss of Use or a Facial Disfigurement is awarded.</p> <p><b>Note:</b> <b>SROI SD</b> must also be filed, when a claimant is receiving weekly payments prior to the approval of a §32 Waiver Agreement.</p> <p><b>Important:</b> <b>SROI-PY</b> to be sent to claimant and claimant attorney(if any).</p>	SROI PY	Within <b>16 Days</b> after the payment is made.
32	<b>Interest Due</b>	<p style="text-align: center;">The reporting of Interest Due</p> <p><b>Important:</b> <b>SROI-PY</b> to be sent to claimant and claimant attorney(if any).</p>	SROI-PY	Within <b>10 Days</b> after the imposition of the penalty.

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33	Payment of Penalties	<p>The reporting of penalties that are paid to an injured worker.</p> <p><b>Important:</b> SROI-PY to be sent to claimant and claimant attorney(if any).</p>	SROI PY	Within <b>10 Days</b> after the imposition of the penalty.
<b>Administrative</b>				
34	Cancel Claim	<p>A <b>FROI 00</b> was sent to the Board in error and the Claim Administrator seeks to cancel the claim.</p> <p>Note: If any MTC's other than FROI-00 have been accepted or other documents for this claim exist in the Electronic Case Folder, the <b>FROI 01</b> will not be accepted. The Claim Administrator must submit Form RFA-2 to the Board.</p> <p><b>Important:</b> FROI-01 to be sent to claimant and claimant attorney(if any).</p>	FROI 01	Immediately upon knowledge of the error
35	General Data Element Changes	<p>One or more data elements of a previously sent <b>FROI 00</b> or <b>SROI MTC</b> has changed or needs correction.</p> <p><b>Note:</b> See the <b>NYS Element Requirement Table</b> for more information on the submission of changes to data elements.</p>	FROI 02 or SROI 02	Immediately upon knowledge of the change

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36	<b>Claim Type Code Changes</b>	When the Claim Administrator has accepted the claim the DN0074 (Claim Type Code) must be updated to a code other than Notification of an Incident Only within 18 days of the accident or 10 days of knowledge for dates of accident prior to 1/1/2019. (Effective 1/1/2019 per the Event Table)	<b>FROI 02</b>	Immediately upon knowledge of the change
37	<b>Agreement to Compensate Code Changes</b>	When the Claim Administrator has accepted the claim the DN0075 (Agreement to Compensate Code) must be updated to With Liability within 18 days of the accident or 10 days of knowledge for dates of accident on or after 1/1/2019. (Effective 1/1/2019 per the Event Table)	<b>FROI 02</b>	Immediately upon knowledge of the change
38	<b>Agreement to Compensate Code Changes</b>	When the Claim Administrator has accepted the claim after invoking their right to §21-a. The carrier must file a FROI/SROI-02 with the L designation.	<b>FROI 02 or SROI 02</b>	Immediately upon knowledge of the change



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39	<b>Payment Data Element Changes</b>	<p>One or more data elements that pertain to payments of a previously sent <b>SROI MTC</b> has changed or needs correction.</p> <p><b>Note:</b> <b>SROI 02</b> is not to be sent, when another <b>SROI MTC</b> would apply.</p>	<b>SROI 02</b>	Immediately upon knowledge of the change
Legacy Claims				
40	<b>Legacy Claim Event</b>	<p>A Claim Event has occurred for an existing claim with no prior payments. This claim has been identified on an extract file as a Legacy Claim.</p> <p><b>Note:</b> <b>SROI MTC</b> must be filed for Claim Event as required by <b>NYS Claims Event Table</b>.</p>	<b>FROI UR + SROI MTC for Claim Event</b>	<b>FROI UR</b> is due immediately upon occurrence of claim event
41	<b>Legacy Claim Event and Prior Payments</b>	<p>A Claim Event has occurred for an existing claim with prior payments. This claim has been identified on an extract file as a Legacy Claim.</p> <p><b>Note:</b> <b>SROI MTC</b> must be filed for Claim Event as required by <b>NYS Claims Event Table</b>.</p>	<b>FROI UR + SROI UR + SROI MTC for Claim Event</b>	<b>FROI UR</b> and <b>SROI UR</b> are due immediately upon occurrence of claim event

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42	<b>Legacy Claim Event for Old or Unassigned Claim</b>	<p>A Claim Event has occurred for an existing claim with or without prior payments. This claim has not been identified on an extract file as a Legacy Claim, because the claim is old or no WCB Claim Number has been assigned</p> <p><b>Note:</b> <b>SROI MTC</b> must be filed for Claim Event as required by <b>NYS Claims Event Table</b>.</p>	<b>FROI 00 + SROI UR + SROI MTC for Claim Event</b>	<p><b>FROI 00</b> is due immediately upon occurrence of claim event</p> <p><b>SROI UR</b> must be filed with <b>FROI 00</b> if prior indemnity payments have been made</p>
43	<b>Sub-Annual Reports for Open Claims</b>	<p>If no resolution has been issued stating no further action or the claim has been Reopened after such a resolution has been issued, then the case is considered open.</p> <p><b>Note:</b> A final <b>SROI SA</b> is required after a case has been designated as No Further Action since the last periodic report. This final <b>SROI SA</b> is to be filed <b>180 days</b> after the date of injury or <b>180 days</b> after the last <b>SROI SA</b> that was sent</p> <p><b>Note:</b> If a SROI-SA is filed late, this does not extend the date due for the next SROI-SA reporting.</p>	<b>SROI SA</b>	<p>Initial <b>SROI SA: 180 Days</b> from date of injury; or if no date of injury is identified, then <b>180 Days</b> from <b>FROI</b> filing</p> <p>Subsequent <b>SROI SA: Every 180 Days</b> after initial <b>SROI SA</b> filing, until case is designated as No Further Action</p>
44	<b>Sub-Annual Reports for No Further Action Claims with ongoing indemnity benefits</b>	<p>If a resolution has been issued stating no further action and the Claim Administrator is paying ongoing indemnity benefits, <b>SROI SA</b> is to be filed <b>180 days</b> after the date of injury or <b>180 days</b> after the last <b>SROI SA</b> that was sent.</p> <p><b>Note:</b> If a SROI-SA is filed late, this does not extend the date due for the next SROI-SA reporting.</p>	<b>SROI SA</b>	<p>Initial <b>SROI SA: 180 Days</b> from date of injury; or if no date of injury is identified, then <b>180 Days</b> from <b>FROI</b> filing</p> <p>Subsequent <b>SROI SA: Every 180 Days</b> after initial <b>SROI SA</b> filing, until <b>SROI MTC</b> that suspends payments is filed</p>