

# ProducerEngage Portal Changes

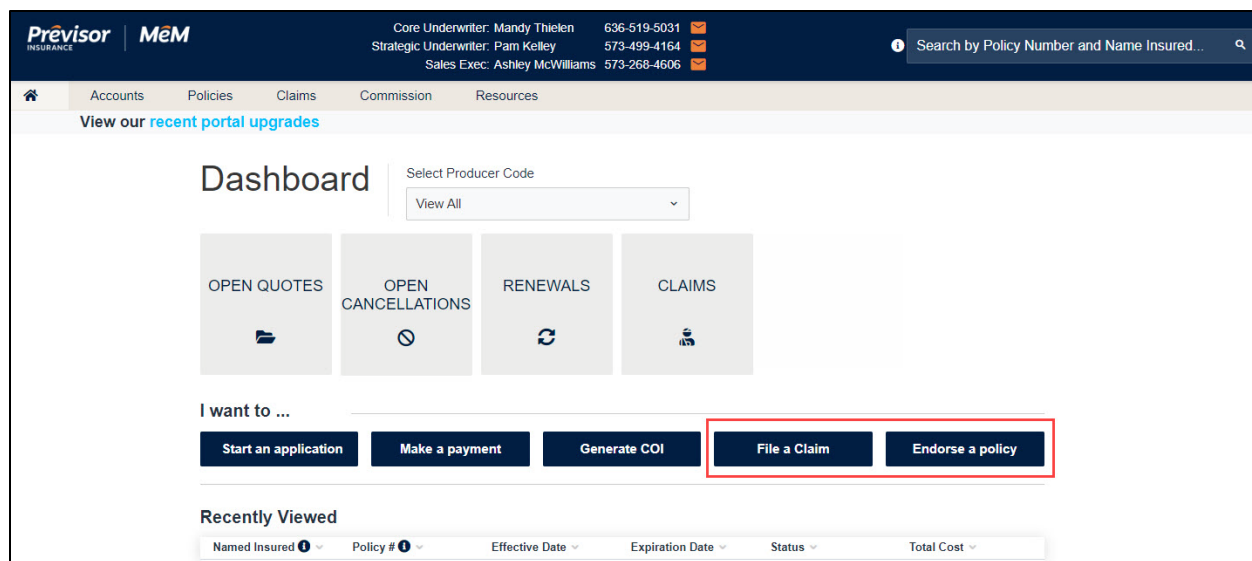
June 2022

Click on any Table of Contents section to go directly to that section.

Home Screen .....	1
File a Claim .....	2
Endorse a Policy .....	4
Employers' Liability Limits.....	5
Schedule Rating .....	5
Where to Get Help .....	7

## Home Screen

Two additional quick buttons have been added to the home screen to easily **File a Claim** or **Endorse a Policy**.



## File a Claim

Filing a claim just got easier! The **File a Claim** button provides the option to submit a *Quick Claim* or a *Full Report of Injury*. A quick claim initiates the claim process given limited information regarding the incident and a claims advocate follows up with the named contact to obtain additional information.

I want to ...

[Start an application](#)
[Make a payment](#)
[Generate COI](#)
[File a Claim](#)
[Endorse a policy](#)

Enter the incident **Date** and **Time**. Select the **Policy Number** and then **Report Injury/Incident**.

**First Report of Injury**

When did the incident/injury occur?

☒ AM ☐ PM

If the time of loss is unknown, enter the time as 12:00 pm

[Cancel](#)
[Report Injury/Incident](#)

Select **Continue** under *Quick Claim* or *First Report of Injury* (Full Claim Report).

**First Report of Injury**

**Quick Claim**

Initiate the claim process given limited information regarding the incident. Our claim advocates will follow up with the named contact to obtain mandatory jurisdictional reporting information.

[Continue](#)

**First Report of Injury**

Report the incident/injury and eliminate follow up calls asking for missing information by providing the mandatory jurisdictional information.

[Continue](#)

[Cancel](#)

To complete the Quick Claim, enter information into **All Fields** before selecting **Submit**.

**Quick Claim**

Insured	ABC Company 123 Main Street Columbia, MO 65203
Policy Number:	1234567
When Incident/Injury Occurred:	06/13/22 08:00 am
Injured Worker First Name:	Robert
Injured Worker Last Name:	Kirchman
State of Hire:	Missouri
Specific Activity Engaged in When Incident/Injury Occurred:	Opening cardboard box with box knife
How The Incident/Injury Occurred:	The knife slipped off the box during opening and deeply cut RW left pinky finger.
Describe the sequence of events and include objects or substances that directly injured the worker	
Cause of Injury:	Cut, puncture, scrape, injured by
Main Contact First Name:	Jane
Main Contact Last Name:	Smith
Main Contact Phone:	573-490-4299
Type:	Mobile Home <b>Work</b>
Main Contact Email:	jane.smith@example.com
Preparer First Name:	Amy
Preparer Last Name:	Jones
Preparer Contact Phone:	573-123-4567
Type:	Mobile
Preparer Email:	amyjones@example.com
Additional Details & Comments:	RW went to Mizzou Urgent Care for stitches.

**Submit**

Upon Quick Claim submission, a **Temporary Claim Number** is assigned. Upon review, a claims advocate will reach out for additional information.

**Your claim has been submitted.**  
**What Happens Next**

**Step 1:**  
**We'll Review Your Report**

Our Claims Service Unit will review your report within one business day.

**Step 2:**  
**We'll Contact You**

We may contact you for more information before assigning an official claim number to your report.

**Step 3:**  
**Begin an Incident Investigation**

Review our Injury Management Kit, and begin a preliminary incident investigation.

**Step 4:**  
**Keep in Touch**

Keep the following information handy throughout the claims process:

- Injured worker's name,
- Social Security number, or
- Claim number

Please check your email to view the completed injury report, or navigate to the "Documents" tab to view a PDF copy. You can upload documents related to this claim to the portal or by:

claims@mem-ins.com  
1.800.442.0597

Missouri Employers Mutual  
PO Box 1810  
Columbia, MO 65205

**Temporary Claim No: 55276**

Use this link to be placed in contact with our **Home Trango** team

[Back to Claims](#) [Print Confirmation](#)

The First Report of Injury has been submitted to MEM's Claims Service Unit. Your temporary claim number is 55276. But please note that this is not your claim number. A claims service representative will review your submission within one business day and if all data fields are complete to report to the appropriate jurisdictional agency a claim number and claims representative will be assigned at that time. If there is missing information the claims service representative will be in contact to obtain the necessary data and will then assign the claim number and claims representative. You will be able to view the completed FROD and initial claim letters on the documents screen for the claim.

When contacting us please make sure to have the injured worker's name, social security number, or claim number ready for verification purposes. You can upload any documents pertaining to this claim utilizing the portal or by the following:

Email: claims@mem-ins.com  
Fax: 800-442-0597  
Missouri Employers Mutual  
PO Box 1810  
Columbia, MO 65205

## Endorse a Policy

The ability to request a policy endorsement is now available on the portal. Select **Endorse a Policy** to get started.

I want to ...

[Start an application](#) [Make a payment](#) [Generate COI](#) [File a Claim](#) [Endorse a policy](#)

Select a **Policy** and **Type of Endorsement**. Enter the **Effective Date**, **Policy Change Details**, and **Agent Contact** before selecting **Submit**.

MEM 1234567-09

Type (optional)  
Exposure


Effective Date For Endorsement 6-15-2022

Details for Policy Change \$100,000 increase in payroll for class code 8810

Agent Contact For Request Jane Smith

[Cancel](#) [Submit](#)

Select **OK**.

 **Policy Change**

Your policy change request was successfully placed

[Ok](#)

## Employers' Liability Limits

When completing a quote, all **Employers' Liability Limit** options are immediately available in the drop down on the **Coverages** screen.

Account: 10000123456

### Workers Compensation Quote (60482001)

**Coverages**

✓ Workers' Compensation And Employers' Liability Insurance Policy (Section 3B)

Each Accident/Policy/Each Employee Limit

100,000/500,000/100,000

100,000/500,000/100,000

500,000/500,000/500,000

1,000,000/1,000,000/1,000,000

2,000,000/2,000,000/2,000,000

## Schedule Rating

The ability to add Schedule Rating, credits related to the unique conditions of an employer, for Missouri risks has been added to the **Quote** screen. Select **Add Schedule Rating**.

**NOTE:** Schedule Rating may also be available for **exposure outside Missouri**. Contact your Underwriter for review and approval.

Account: 10000123456

### Workers Compensation Quote (60482001)

Print Quote Screen  
View PDF  
Email Underwriter

### Quote Summary

Total Cost \$5,304.00

**+ Add Schedule Rating** Do you need a better price? Add Schedule Rating.

Select the applicable **Justification Reason**, enter a reasonable **Credit Percentage**, and select **Re-Rate**.

Quote Request  
Quote Details  
Class Code and Payroll  
Coverages  
Supplemental Questions  
**Quote**  
Pay and Issue  
Success

Account: 10000442280  
  
Workers Compensation Quote (60482001)  
  
Schedule Rating Adjustment  
  

The premium for an eligible policyholder may be modified to reflect specific characteristics not contemplated in the loss experience. The modification is limited to a credit of 25%. Policies with a modified premium in the Standard Rate tier \$5,000 or less are not eligible for this rating modification.

For Missouri risks, select the amount of credit along with the justification reason. Please note, schedule rating is subject to underwriting review and approval prior to issuance. Documentation supporting the selection should be maintained in the agency file.

[Click here for additional information on Schedule Rating](#)

Category	Justification Reason(s)	Credit(%)
Premises-Conditions,Care	Please Select	
Medical Facilities	Please Select	
Safety Equipment	Industry-specific equipment designed to protect empl...	5
Employees - Selection, Training, Supervision	Please Select	
Management	Written safety rules	5

Total Schedule Rating: -10

Cancel Re-Rate

Scroll down to the premium details to review the **Schedule Rating Credit** and adjusted premium. Schedule rating is subject to underwriting review and approval prior to issuance.

MISSOURI				
Classification - 808 E BROADWAY, COLUMBIA, MO 65201-4856				
Code	Description	Basis	Rate	Amount
1642	LIME MFG.	\$100,000.00	4.27	\$4,270.00
80	ADJUSTMENT			
	MODIFIED PREMIUM			\$4,830.00
9887	SCHEDULE RATING CREDIT/DEBIT	\$4,830.00	0.9	-\$483.00
	STANDARD PREMIUM			\$4,347.00
9740	TERRORISM PREMIUM	\$300,000.00	0.01	\$30.00
0900	EXPENSE CONSTANT	\$1.00	240	\$240.00
	MISSOURI TOTAL PREMIUM			\$4,617.00
	SECOND INJURY FUND SURCHARGE	\$4,617.00	0.04	\$185.00
	MISSOURI TOTAL COST			\$4,802.00

## Where to Get Help

If your questions were not addressed within this document, please contact **MEM Customer Care** at [customercare@mem-ins.com](mailto:customercare@mem-ins.com) or by phone at 1.800.442.0593.