



# Customer Engage Portal Instruction Guide



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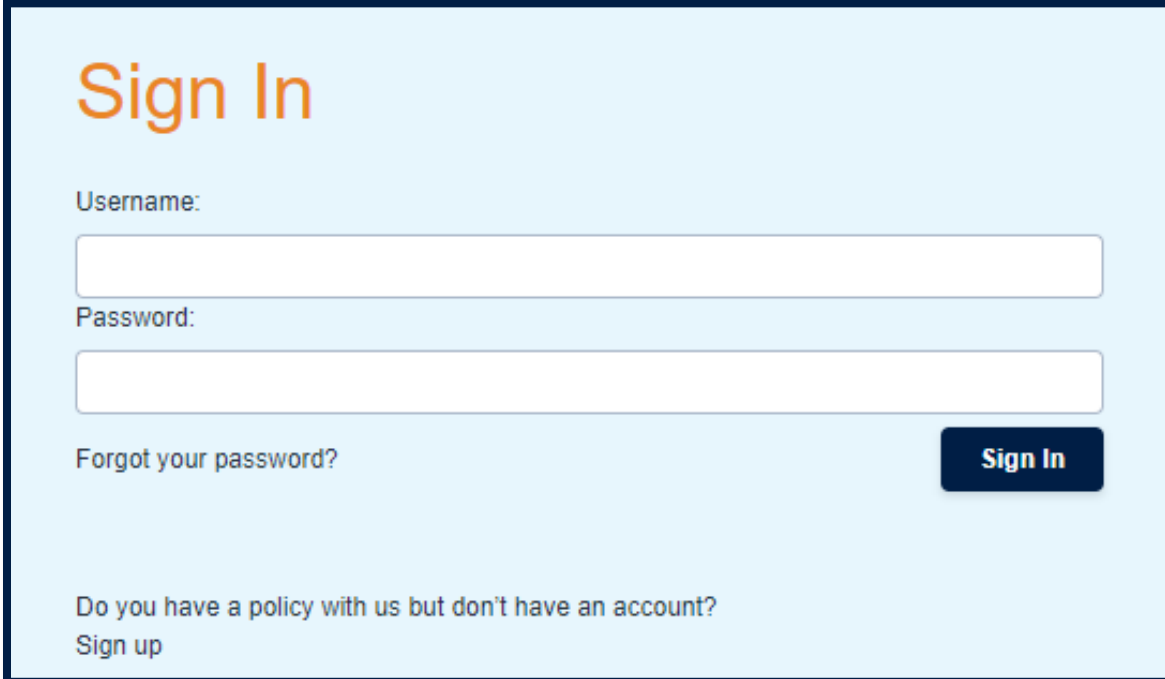
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# Register for an Account/Log In

Register and log in to your account with just three easy steps.

## Step 1

When logging into the new MEM portal for the first time, click the **Sign Up** link at the bottom of the **Sign In** screen.

A screenshot of the 'Sign In' web form. The title 'Sign In' is at the top in orange. Below it are two white input fields: 'Username:' and 'Password:'. To the right of the password field is a dark blue 'Sign In' button. Below the password field is a link 'Forgot your password?'. At the bottom of the form is a link 'Do you have a policy with us but don't have an account? Sign up'.

## Step 2

To fill in the Sign Up form, you will need four pieces of information to get started:

1. Policy Number
2. Zip Code — matching the policy
3. Unique Email Address — an email address not tied to another MEM account
4. Cell Phone Number — used for Step 3, Multi-Factor Authentication

## Sign Up

Please provide information for the account you wish to access. You will be able to add access to additional policies once you log in.

First Name:

Last Name:

Email:

Account # (found on your latest invoice or policy document):

Policy # (numeric portion only i.e. 9009999):

ZIP Code (five digits only):

Specify a password that is at least 10 characters long and contains: an upper case letter, a lower case letter, a number, and a special character.

Password:

Confirm Password:

Sign Up

Already have an account?  
[Sign In](#)

## Step 3

Enter either your email address or a mobile number to receive a six (6) digit code for verification. Standard texting rates may apply to mobile numbers.

Click **Accept** to receive the code via your preferred method, then enter the code on the screen once you receive it.

## Preferred Method for Receiving Security Codes

For enhanced security, MeM requires additional security codes when logging into your account.

Please select your preferred method for receiving security codes:

☐ Email

☒ Mobile

[Back to Sign In](#)

**Accept**

Your mobile phone carrier may bill you additional charges and fees associated with receiving text messages for security codes.

Do you have a policy with us but don't have an account?

[Sign up](#)

# Reset Your Password

1. Click on **Forgot Your Password**
2. Enter a valid email address and click **Send**

## Forgot your password?

Enter your email address below and we'll send a link to reset your current password.

Email:

[Back to Sign In](#) [Send](#)

3. You will receive an email with a link to reset your password.
4. Enter your new secure password.  
To create a secure password, consider creating one that contains at least three of the following:
  - At least 10 letters
  - Both upper- and lower-case letters
  - One number
  - One special character, such as # or !
5. Sign into the portal with your username (email) and your new password.

# File a Claim

## Getting Started

1. **Assess the Injury** – Determine if emergency services are needed.
2. **Review Injury Management Kit** – Learn more about the claims process before, during and after filing a claim.
3. **File a Claim Online** – Our streamlined process should only take about 5 minutes.
4. Log in to MEM's portal and start the claims process by selecting **File a Claim** from the Account Summary page. You can also get there by going to the **Claims** tab and clicking **File a Claim**.
5. Click **Start** to begin.

### Account Summary

**My Balance**

-

**My Next Bill**

USD 182.00

Due Sep 13, 2020

**My Last Payment**

USD 4,950.00

Paid Aug 19, 2020

**Policies**

Download

Policy #	Effective	Premium	Generate COI	File a Claim
3005845	Aug 6, 2020 - Aug 6, 2021	\$19282		
3005844	Aug 6, 2020 - Aug 6, 2021	\$13511		

## Claim Intake

### Basic Information

1. When did the incident/injury occur?
  - Type in the date/time or use the **calendar icon**.
2. Date you were notified of the incident/injury?

- Type in the date/time or use the **calendar icon**.

The screenshot shows the 'First Report of Injury' form in the Previsor MeM portal. The form is divided into several sections: 'Claim Information', 'Basic Information', and 'Select a Policy'. The 'Basic Information' section is currently active, showing details for 'Staying At Home Matters, LLC' and the policy number '3003985'. The 'Select a Policy' section displays a table with columns for 'POLICY #', 'EFFECTIVE', and 'EXPIRES'. Below this, there are two date/time pickers for 'When did the incident/injury occur?' and 'Date you were notified of the incident/injury occur?'. Both pickers show 'Jul 31, 2020, 5:10 PM' and include a calendar icon. A 'Cancel' button is located at the bottom left, and a 'Next' button is highlighted with a red circle at the bottom right.

## General Claim Information

Complete all required fields related to the injured party.

### Injured Party

#### 1. Name

- This field is pre-populated with the list of contacts already associated with the policy. If the injured party is not included in the contact list, select the + to add them. This contact will NOT be added as a contact on the policy.

#### 2. State of Hire

- Select the appropriate state from the coverage list.



Claim Information
Basic Information
General Claim Information
Injury Details
Where
Contact Details
Additional Information
Summary

## First Report of Injury

### Injured Party

Name	Susan Stark	<input type="button" value="Add"/>
State of Hire	Missouri	
Date of Hire (Optional)	Jul 31, 2020	<input type="button" value="Calendar"/>
Employment Status (Optional)	Please Select	
Primary Work Location (Optional)	1: 5201 PATTISON AVE, SAINT LOUIS, MO	
Primary Work Class Code (Optional)	8810 - CLERICAL OFFICE EMPLOYEES NOC	
Wage Rate (Optional)	USD	per (Optional) Please Select
Time Began Work (Optional)	Jul 31, 2020, 5:10 PM	<input type="button" value="Calendar"/>
Number of Days Worked per Week (Optional)	Please Select	
Number of Days Business is Open (Optional)	Please Select	
Full Pay for Day of Injury? (Optional)	Yes No	
Did Salary Continue? (Optional)	Yes No	

### Describe What Happened

1. Injury Cause/Source
2. Incident Details
3. Do you question if the Injury is work related?
  - This is not a required field. If you select Yes, there is a required reason response field with a 250-character limit.

To proceed with filing a claim, choose one of the following actions:

1. Select **Next**.

### Describe what happened

Injury Cause/Source

Strain or injury by

Incident Details

Strained Neck

Incident Description (Optional)

Please be brief but descriptive; will be used for notification with the state of jurisdiction

Strained neck when lifting heavy object from floor to desk.

Were Safeguards or Safety Equipment Provided? (Optional)

Yes

No

Was there a Mechanical defect that caused the loss? (Optional)

Unknown

Were safety rules violated? (Optional)

Unknown

Are the use of drugs or alcohol suspected? (Optional)

Unknown

Does the policyholder question if the injury is work related? (Optional)

Please Select

You will have an opportunity to upload documents to this claim later in the process

Save and Exit

Previous

Next

2. Select **Previous** to edit basic information previously entered.
3. Select **Save and Exit** to create a draft of the claim. The claim will not be visible to MEM until it is fully submitted. Access the claim later via the **Open Claims** link.

## Injury Details

### Body Part Details

- Click the **Body Part Details** link to review a body parts codes and definitions document.
- Select **Add** if multiple injuries were sustained.
- Select the **trash can** to delete a row of information.

Only **one** selection may be made per dropdown:

- **Severity**
- **Side**
- **Area**
- **Part**
- **Finger/Toe Location** – Use only when a finger or toe is selected in the **Part** dropdown.

### Medical Treatment

These fields are not required, as the injured worker may/may not have received treatment for their injury at the time the report is filed:

- First Report Intake Doctor
- Initial Treatment
- Hospital

### Work Status

1. Select **Add** If the injured worker has returned to work at the time the injury report is filed. There are five fields to describe the work status, but none are required:
  - Work Status Type
  - Release Date
  - Return Date
  - Reason
  - Comment

Additional optional fields in this section include date selections:

- Last Date Worked
- Date Disability Began –the first day the injured worker originally lost time from work due to the occupational injury or disease.
- Last Date Paid
- If fatal, date of death

2. Select **Next** to proceed.

Work Status

Work Status Type	Release Date	Return Date	Reason	Comment
Add				
Last Date Worked (Optional)		Jul 31, 2020		
Date Disability Began (Optional)		Jul 31, 2020		
Last Date Paid (Optional)		Jul 31, 2020		
If fatal, date of death (Optional)		Jul 31, 2020		

## Where

1. Indicate whether the incident occurred at a known policy location, or another location.
  - If you select a **Known Policy Location**, the address details will automatically populate. If the policy has multiple known locations, use the dropdown options.
  - If you must enter location manually enter the location, you must provide a valid street address, city, state and zip code.

2. Select **Next** to proceed.

## Contact Details

1. Fields require the contact details of who prepared the claim report.
  - **Prepared By** field will default to whomever is logged in. Select **View Contact Details** for more information.
  - **Phone Number**
  - **Date Report Prepared** will default to today's date but may be entered manually or using the calendar icon.
  - Is the **Main Contact the Same as the Preparer** is an optional field unless No is selected.
2. Select **Next** to proceed.

Claim Information
Basic Information
General Claim Information
Injury Details
Where
**Contact Details**
Additional Information
Summary

## First Report of Injury

Prepared by

---

Prepared by
Portal User2
View Contact Details

Phone Number
573-555-5555

Date report prepared
Jul 31, 2020

Is the Main Contact the same as Preparer? (Optional)
Yes No

Save and Exit
Previous
Next

## Additional Information

1. Select **Add Witness** to include any witnesses to the injury/incident.

### Witnesses

---

Add Witness

### Additional Details & Commentary

---

Feel free to use this space to elaborate on the story or situation around this incident; however, please know any information included here may be admissible in the event this case is addressed in a courtroom.

Created by: portal2@mem-ins.com

2. Indicate how the claim is being filed:
  - **Med Only**—The injured worker received some medical care but will fully recover and be able to eventually return to work.
  - **Lost Time**—The injured worker was not able to be at work for a certain period of time.
  - **Report Only**—For reporting purposes only.
3. Click **Upload Documents** if you would like to include pictures, files, written testimonials or other documentation. You may also drag and drop the file from your computer onto the portal screen. If successful, the document will be listed in the table.
4. Select **Next** to proceed.

## Summary

1. Review the claim summary information.
2. Click **Submit Claim** if information is accurate.

Claim Information
Basic Information
General Claim Information
Injury Details
Where
Contact Details
Additional Information
Summary

### First Report of Injury

#### Summary

Please review the following information before submitting:

Policy Number	3003985
Injured Worker	Susan Stark
When?	Jul 31, 2020, 5:10 PM
Where?	SAINT LOUIS, MO, US
Cause of Injury	Strain or injury by
Injury	Strained Neck
Contact Person	Portal User2, 573-555-5555

Important notice: Claims are serviced by MEM and you will be contacted to obtain additional information.

Save and Exit

Previous
Submit Claim

## Successful Claim Submission

If claim is submitted successfully, you will receive a temporary claim number for your records. You can print that confirmation.



## Thank you for submitting your claim information for review

A member of our claims team will review the information and contact you if any additional details are needed.

Temporary claim number: 52423

Use this link to be placed in contact with our [Nurse Triage team](#).

[Back to Claims](#)

[Print Confirmation](#)

The First Report of Injury has been submitted to MEM's Claims Services Unit. Your temporary claim number is 52423, 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 FROI 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](mailto:claims@mem-ins.com)  
Fax: 800-442-0597  
Missouri Employers Mutual  
PO Box 1810  
Columbia, MO 65205



# Payroll Reporting

## View a Payroll Report

1. Click on **Policy #** on the **Account Summary** page.

### Account Summary

#### My Balance

-

#### My Next Bill

Due USD 182.00  
Sep 13, 2020

#### My Last Payment

Paid USD 4,950.00  
Aug 19, 2020

### Policies

Download

Policy #	Effective	Premium	Generate COI	File a Claim
3005845	Aug 6, 2020 - Aug 6, 2021	\$19282		
3005844	Aug 6, 2020 - Aug 6, 2021	\$13511		

2. Use the **View Payroll Report Schedule** button.

Home Page / Policy Details: 3005845

Current Safety

Generate COI

View Payroll Report Schedule

#### Details

Policy Start Aug 6, 2020	Policy Expiration Aug 6, 2021	Policy Type Workers' Compensation (v7)	Total Premium USD 18,364.00
			Taxes & Charges USD 918.00
			Total Cost USD 19,282.00

### 3. Review the **Payroll Report Schedule Table**.

*Note: If the status is **Scheduled** there will be no **Action** link available.*

Make a Payment

View Payroll Report Schedule

Payroll Report Schedule

Period Start	Period End	Process Start	Due Date	Status	Total Cost	Actions	
09/26/2019	11/01/2019	10/22/2019	12/01/2019	Completed	USD 1,141.00	Revise Report	View Report
11/01/2019	12/01/2019	11/21/2019	01/01/2020	Completed	USD 464.00	Revise Report	View Report
12/01/2019	01/01/2020	12/23/2019	02/01/2020	Completed	USD 826.00	Revise Report	View Report
01/01/2020	02/01/2020	01/22/2020	03/01/2020	Completed	USD 504.00	Revise Report	View Report
02/01/2020	03/01/2020	02/20/2020	04/01/2020	Completed	USD 685.00	Revise Report	View Report
03/01/2020	04/01/2020	03/23/2020	05/01/2020	Completed	USD 816.00	Revise Report	View Report
04/01/2020	05/01/2020	04/21/2020	06/01/2020	In Progress	-	Report Payroll	
05/01/2020	06/01/2020	05/22/2020	07/01/2020	Scheduled	-		
06/01/2020	07/01/2020	06/22/2020	08/01/2020	Scheduled	-		
07/01/2020	08/01/2020	07/22/2020	09/01/2020	Scheduled	-		
08/01/2020	09/01/2020	08/24/2020	10/01/2020	Scheduled	-		
09/01/2020	09/26/2020	09/16/2020	10/26/2020	Scheduled	-		

Close Schedule

## Actions

- To **View** or **Print** a payroll report click the link in the column on the right.
- To **Revise** a payroll report, click **Revise Report**.
- To **File** a payroll report, click the **Report Payroll**.
- To **Close** the payroll report schedule table, click the **Close Schedule** button.

## File a Payroll Report

1. Select **Report Payroll** from the **Actions** menu.
2. Enter the following information on the **Details** screen:
  - Gross Actual # of Employees, and
  - Gross Actual Basis for Term
3. Select **Calculate Premium**

Make a Payment

View Payroll Report Schedule

### Details

Payroll Report Period: 04/01/2020 - 05/01/2020

Governing Law	Location	Class Code	Description	Gross Actual # of Employees	Gross Actual Basis for Term
State Act	1: Rick Wood Construction Inc	8742	SALESPERSONS OR COLLECTORS-OUTSIDE	10	90000
State Act	1: Rick Wood Construction Inc	5022	MASONRY NOC	4	50000
State Act	1: Rick Wood Construction Inc	8810	CLERICAL OFFICE EMPLOYEES NOC.	5	75000

Save and Exit

Calculate Premiums

4. View **Details** including a summary of these costs and charges and Easy **Premium Factor** (a summary of how the premium was calculated). Only factors applicable to the associated policy will display here.

5. Select **Submit and Pay** to submit the report. Review the report in the **View Payroll Report Schedule** table.

Make a Payment

View Payroll Report Schedule

### Premiums

Premium Report Results for Period	04/01/2020-05/01/2020
Total Premium	\$4736
Taxes And Surcharges	\$0
Total Cost	\$4736

Details Easy Premium Factor

### Missouri

#### Premium

Premium(04/01/2020 - 05/01/2020)

Code	Description	Basis	Rate	Amount
5022	MASONRY NOC	50000	9.6600	\$4830
8810	CLERICAL OFFICE EMPLOYEES NOC.	75000	0.2100	\$158
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	90000	0.4400	\$396
	EZ Factor Premium Adjustment	5384	0.8796	\$-648
	Manual Premium			\$5384
	Subject Premium			\$5384
	Modified Premium			\$5384
	Standard Premium			\$4736
	Total Premium			\$4736
	Total Cost			\$4736

Cancel

Previous

Submit and Pay

Taxes and Fees

Total Costs

Payment

Policy #:

3005047

Reporting Period:

08/01/2020 - 09/01/2020

Due Date:

10/01/2020

MeM MISSOURI EMPLOYERS MUTUAL

Personal Details

kstul@mem-ins.com

Payment method

New Bank Account

Checking

011401533

\*\*\*\*

\*\*\*\*\*

Account Numbers did not match.

MEM-Test

☒ I agree to the Terms and Conditions
 

PAY \$4847.00

USD 0.00

View Account Billing

\$ 4847

\$ 0

\$ 4847

\$ 4847

Cancel

Pay Now

6. Select **Pay Now** to pay the total invoice amount due or another amount greater than \$1.
7. A confirmation message will display.

### Payroll Report Schedule

Your payment for the Payroll Period of 07/04/2020-08/01/2020 has been submitted.

[Return to Home](#)

[View Payroll Report Schedule](#)

# Revise a Payroll Report

Revise a previously submitted payroll report.

## 1. Select the **View Payroll Report Schedule**

Home Page / **Policy Details: 3005845**

Current Safety

[Generate COI](#)

[View Payroll Report Schedule](#)

**Details**

Policy Start Aug 6, 2020	Policy Expiration Aug 6, 2021	Policy Type Workers' Compensation (v7)	Total Premium USD 18,364.00
			Taxes & Charges USD 918.00
			<b>Total Cost</b> USD 19,282.00

## 2. In the **Payroll Report Schedule** table, select **Revise Report**.

Make a Payment

View Payroll Report Schedule

Payroll Report Schedule

Period Start	Period End	Process Start	Due Date	Status	Total Cost	Actions	
09/26/2019	11/01/2019	10/22/2019	12/01/2019	Completed	USD 1,141.00	Revise Report	View Report
11/01/2019	12/01/2019	11/21/2019	01/01/2020	Completed	USD 464.00	Revise Report	View Report
12/01/2019	01/01/2020	12/23/2019	02/01/2020	Completed	USD 826.00	Revise Report	View Report
01/01/2020	02/01/2020	01/22/2020	03/01/2020	Completed	USD 504.00	Revise Report	View Report
02/01/2020	03/01/2020	02/20/2020	04/01/2020	Completed	USD 685.00	Revise Report	View Report
03/01/2020	04/01/2020	03/23/2020	05/01/2020	Completed	USD 816.00	Revise Report	View Report
04/01/2020	05/01/2020	04/21/2020	06/01/2020	In Progress	-	Report Payroll	
05/01/2020	06/01/2020	05/22/2020	07/01/2020	Scheduled	-		
06/01/2020	07/01/2020	06/22/2020	08/01/2020	Scheduled	-		
07/01/2020	08/01/2020	07/22/2020	09/01/2020	Scheduled	-		
08/01/2020	09/01/2020	08/24/2020	10/01/2020	Scheduled	-		
09/01/2020	09/26/2020	09/16/2020	10/26/2020	Scheduled	-		

Close Schedule

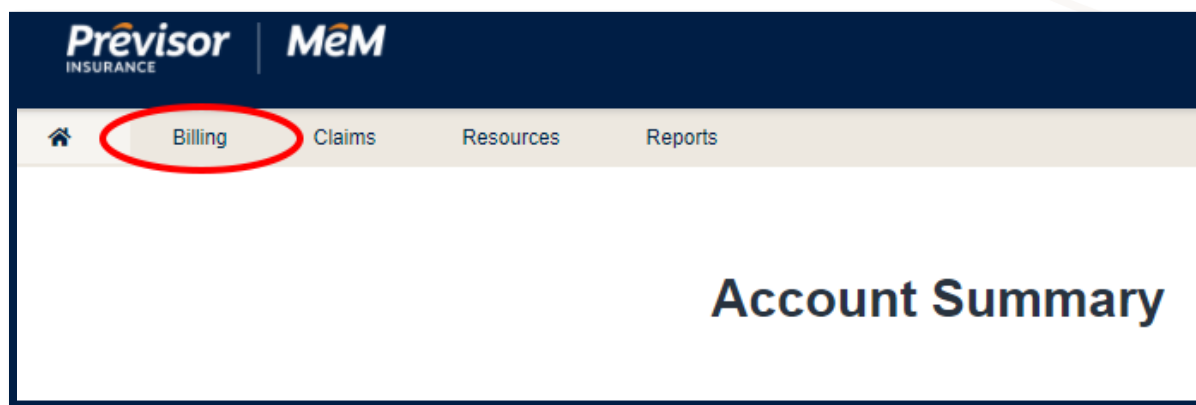
## 3. Enter the following in the **Details** screen:

- Gross Actual # of Employees, and

- Gross Actual Basis
- 4. Select **Calculate Premium** to proceed.
- 5. View **Details** including a summary of these costs and charges and Easy **Premium Factor** (a summary of how the premium was calculated). Only factors applicable to the associated policy will display here.
- 6. Select **Submit and Pay** to submit the report. Review the report in the **View Payroll Report Schedule** table.
- 7. Select **Pay Now** to pay the total invoice amount due or another amount greater than \$1.
- 8. A confirmation message will display.

# Make a Payment

1. Select the **Billing** tab.



2. Select **Make a Payment**  
Invoices are displayed in order from oldest to newest.
3. Scroll down and select **Pay Now**
  - You may pay the full amount due or any amount greater than \$1.
4. A payment confirmation message will appear.

