

## BFIN improves online reporting with Global Intake

Starting July 1, 2020, Berkley FinSecure (BFIN) is excited to introduce Global Intake, an enhanced online reporting tool for new Workers Compensation claims powered by our Third Party Administrator (TPA) Sedgwick. Global Intake simply replaces our existing online reporting tool with a fresh and more modern look, coupled with greater security and ease of use.

Access to Global Intake for new claim reporting is easy and secure – and it can be done anytime, anywhere, and on any device. Copy/paste this direct URL into any internet browsing platform:

<https://claimlookup.com/BerkleyFinSecure-submit-an-online-claims>

New Workers Compensation claims can still be reported by the following methods:

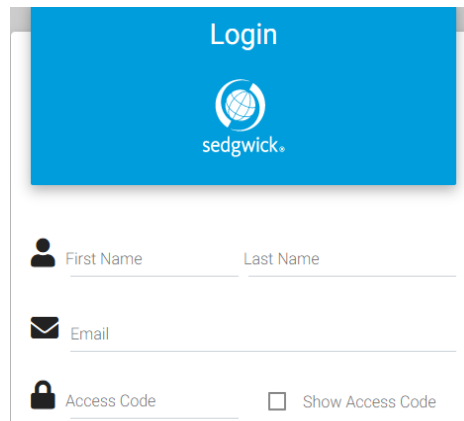
E-mail: [WCClaims@BerkleyFinSecure.com](mailto:WCClaims@BerkleyFinSecure.com)

Phone: 1-844-327-3901

### Reporting a Workers Compensation Claim Using Global Intake

After accessing the online form select Workers Compensation for the Claim Type.

The next screen will ask you to log in with an Access Code. Enter your name and e-mail address as the person reporting the claim.



Access Code is  
**NEWCLAIM**  
←  
(one word, all caps)

The Access Code for reporting all BFIN claims is **NEWCLAIM** (one word, all caps). Then click **Submit**.

The next page opens where you can start the reporting process. The top of the page displays the claim number and claim type. The navigation pane on the right helps you keep track of where you are in the reporting process. The following example shows the page that opens for a Workers Compensation, though questions may vary by claim type.

Confirmation Number: 4020061B3BA

## Workers' Compensation

### Your Information

Loss Date: \*

\_\_\_\_/\_\_\_\_/\_\_\_\_



Loss Date:

Loss Time: \*

\_\_\_\_:\_\_\_\_:\_\_\_\_



hh:mm am/pm - Loss time:

First Name \*

\_\_\_\_\_

Last Name \*

Your Information
Client/Location Information
Loss Location Information
Employee Information
Benefit State
Employment Information
Incident Information
Injury Information
Witness Summary Information
Contact Information
Comments/Remarks
<input type="button" value="CANCEL"/> <input type="button" value="SAVE"/>


## Required Fields

Questions marked with an asterisk (\*) are required fields. After answering all of the questions as completely as possible, scroll to the bottom and click the green **Next** button to continue.

Any question not correctly completed will be flagged as a validation error and marked in red. See an example shown at right.

**What if I don't know the answer to a question?** Fields without an asterisk (\*) can be left blank. However, we recommend that you type "unknown" or "not applicable" into any field that contains text to let the handling claims adjuster know that you did not know the information at the time of reporting or that it was not applicable to the claim.

**ted?** Click the **Cancel** button on the right e form.

 Please correct validations.

Your Information
Client/Location Information <span style="color: red;">!</span>
Loss Location Information <span style="color: red;">!</span>
Employee Information
Benefit State
Employment Information <span style="color: red;">!</span>
Incident Information
Injury Information
Witness Summary Information
Contact Information
Comments/Remarks

## Review and Submit

Click the **Next** button at the bottom of the page to review and submit your claim. A Review page opens where you can review your answers:

Claim #: 40200119A16

[SUBMIT](#) [CANCEL](#)

**Closing Script**

Claim #: 40200119A16  
Please use this number on any related correspondence.  
Your examiner will contact you within 1 - 2 business days to further discuss your claim.  
(None)

**Review Intake - Workers' Compensation**

**Your Information**

Loss Date:	01/01/2020	<a href="#">Edit</a>
Loss Time:	01:00PM	<a href="#">Edit</a>
First Name	John	<a href="#">Edit</a>

Click **Edit** beside any section to return to that portion of the claim reporting page and update the information as necessary. When done, scroll to the bottom and of the page and click **Next** again.

When you are done, click **Submit** to complete the process. A message confirms your submission and provides the option to submit another claim.

**Note:** Your submission is not complete until you click **Submit**.



