



New York State Insurance Fund

NYSIF eFROI Worksheet	
Initial Information: (If resuming an eFROI, you must have the Transaction ID)	
* NYSIF Policy Number (must be active on Date of Accident being reported)	
* Date of Injury/Illness	
* Does Injured Worker have a SSN? If yes, SSN is required.	
* First and Last Name of Injured Worker	
* Date of Birth of Injured Worker	
* Mailing Address of Injured Worker	
* First Report of Injury Preparer (Employer, Third Party or NYSIF Employee)	
* eFROI Initiator e-mail address	
Broker/Safety Group Manager's email (optional)	
Policyholder Information:	
* Policy Entity	
* Policy Location	
* Industry Type	
* Did you give the employee a Claimant Information Packet? If yes, date required.	
Employee Information:	
* Gender	
Telephone Number	
Employee's Mailing Address	
Time employee began work	
Time of injury	
* Did employee give notice of accident/illness? If yes, must indicate when and to whom. Was it given orally, in writing or both?	
Accident Information:	
* Where did the accident/illness happen?	
* Is the accident location the same as the policy location? If no, select Accident Premises Code (Lessee or Other)	
* Accident County	
* Was this the location where the employee normally worked? If no, indicate why the employee was there.	
First and Last Name of Employee's Supervisor	
* Did Supervisor see injury happen?	
* Did anyone else see injury happen? If yes, need names and contact info.	
* What was employee doing when they were injured or became ill?	
* How did the injury/illness occur?	
Injury Information:	
* Body part(s) injured (up to 20 body parts may be selected)	
* Nature of Injury (such as laceration, bruise, fracture, burn, etc.)	

* required field

* Cause of Injury (ex: caught under vehicle, contact with fire, tripped over wire)	
* Type of Loss (traumatic, occupational disease or cumulative injury)	
* To your knowledge, did the employee have another work-related injury to the same body part or similar illness while working for you?	
* Did the injury/illness result in the employee's death?	
* Was an object involved in the injury/illness? If yes, what object?	
* Was the injury the result of the use or operation of a motor vehicle? If yes, was it the employee's vehicle, employer's vehicle or other vehicle?	
* Did this injury occur in the course of patient handling?	
Medical Treatment Information:	
* Did the employee receive treatment for this injury/illness? If no, skip this section.	
* What was the date of the employee's first treatment?	
* What was the extent of medical treatment received by claimant immediately following the accident? (minor, emergency room, hospitalization, etc.)	
* Who treated the employee?	
* Where was the employee treated?	
* Is the employee still being treated?	
Employment Information:	
* Did the employee lose more than one day or one shift because of their injury/illness?	
* What was employee's last date worked?	
* What was the first scheduled work day or work shift they missed after the accident?	
* When did the employer become aware that the employee's lost time was due to their injury/illness?	
* Has employee returned to work? If yes, on what date?	
* If employee returned to work, was it regular duty or limited duty?	
* If employee returned to work, was it with physical restrictions?	
* If employee returned to work, was it for the same employer?	
Date of Hire	
Job Title	
* Occupation Description	
* Manual Classification Code	
What types of activities did claimant normally perform at work?	
* Employee's average gross weekly pay	
* Did employee receive lodging or tips in addition to pay? If yes, describe.	
* Employee's job was... (choose Full-Time, Part-Time, Seasonal, etc.)	
* Which days of the week did the employee usually work?	
Last Day Paid	
* Was the employee paid for a full day on the day of the injury/illness?	
* Did you continue to pay the employee after the injury/illness?	
Additional Information:	
Please provide any additional information. (This information is provided to NYSIF only)	
* FROI submitter contact information	

* required field