

Workers' Compensation Internet First Reports Single Sign-on Web-Reporting Form



Log on to www.risxfacs.com



Sign In

Enter your
RisxFacs **User ID**
and **Password**

Password

SIGN IN

[Forgot Password?](#)

[Privacy Policy](#) | [Contact Us](#)

If you forgot your password,
click **Forgot Password** and a
new password will be sent to
your email



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Application Selection

Click Risx-Facs

Where would you like to go?

LUMINOS

RISX-FACS

 ShareFile®

[Privacy Policy](#) | [Contact Us](#)



RisxFacs Main Menu

The screenshot displays the RisxFacs Main Menu. At the top, a dark navigation bar contains links for Classic, Contact Us, Utilities, Managed Care, and Reference. Below this is the Gallagher Bassett Services, Inc. logo and name. A primary blue navigation bar includes a home icon, an Inbox dropdown, a First Reports dropdown (which is active), and links for Loss, Claim, Analytics, Client, and Branch Letters. A callout box from the First Reports dropdown lists four categories: General/Products Liability, Auto and Truck, Property, and Workers' Compensation (which is highlighted in yellow). A blue arrow points from a text box to the Workers' Compensation option. The text box contains the instruction: "Click the **First Reports** drop-down menu and select **Workers' Compensation**". Below the navigation bar, the interface shows a "RISX-FAC" header, a "Lookup" button, and tabs for Loss, Claim, and Client. At the bottom, there is a "Claim Number" input field, a "Show Claim Summary" dropdown, and a "Go" button. A speaker icon is visible in the bottom left corner.

Classic Contact Us Utilities Managed Care ▾ Reference ▾

Gallagher Bassett Services, Inc.

Home Inbox ▾ First Reports ▾ Loss | Claim | Analytics ▾ | Client | Branch Letters

General/Products Liability
Auto and Truck
Property
Workers' Compensation

Click the **First Reports** drop-down menu and select **Workers' Compensation**

RISX-FAC

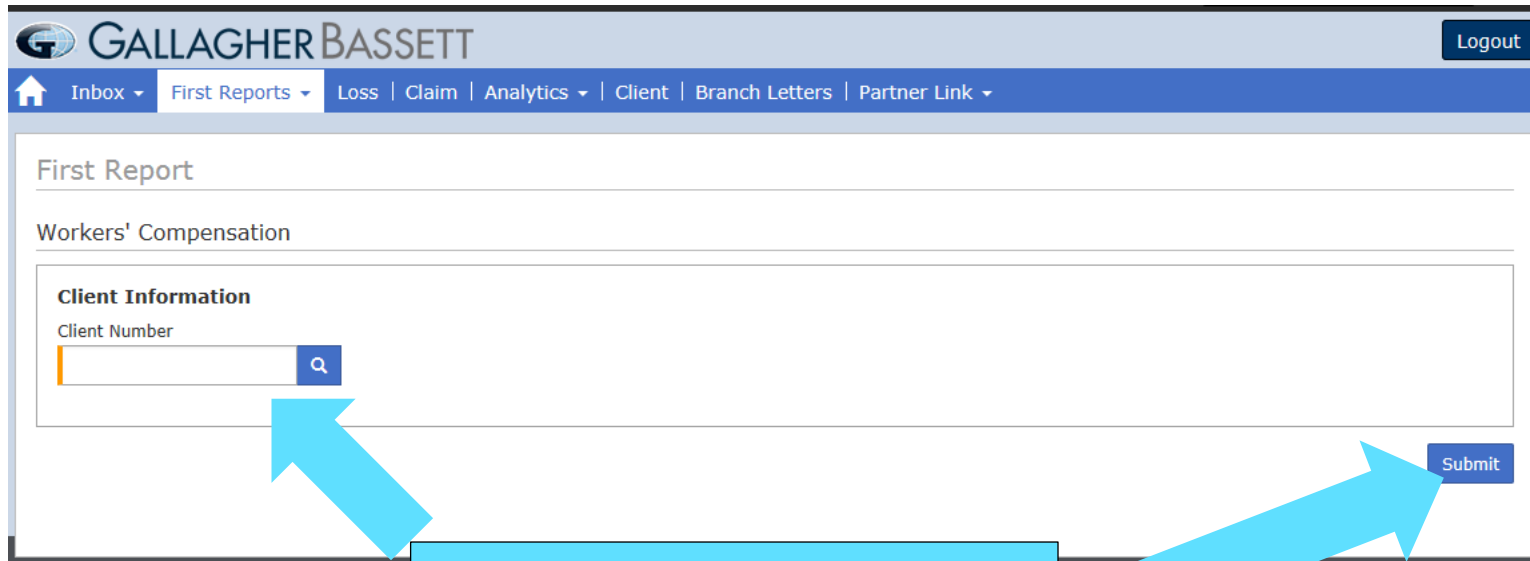
Lookup

Loss Claim Client

Claim Number

Show Claim Summary ▾ Go

RisxFacs – GB Client number



The screenshot shows the Gallagher Bassett web interface. At the top is the logo and a navigation bar with links: Home, Inbox, First Reports, Loss, Claim, Analytics, Client, Branch Letters, and Partner Link. A 'Logout' button is in the top right. The main content area is titled 'First Report' and 'Workers' Compensation'. Below this is a 'Client Information' section containing a 'Client Number' input field with a search icon and a 'Submit' button. Two blue arrows originate from a central text box, pointing to the 'Client Number' input field and the 'Submit' button.

If you are secured for more than 1 GB client number, you will be required to enter the **6 digit Gallagher Bassett** client number then click **Submit**. If not, you will be taken directly to the next screen.



Welcome Page



NetClaim™
By NAVEX Global®

Corporate

FAQ

Dialing Options

Worker's Compensation Reporting

The First Report of Injury or Illness provides information on the claimant, employer, insurance carrier and medical practitioner necessary to begin the claims process.

Options for Reporting a Worker's Compensation claim:

[submit WC claim via the web](#)
call 1-844-442-7331



Click **Submit WC CLAIM** via the web to begin



Your organization's ability to respond to your report depends on the accuracy and completeness of the information you provide. The best and easiest way to report your concerns is to call the hotline. A specially trained operator will confidentially document your concern for you and make sure all the important details are included.



When submitting a report please complete all screens of the Web Report Form and provide all required information - required fields are noted by an asterisk (*). No information will be transmitted until you click the submit button on the final review page.



Even though NAVEX Global takes every report we receive seriously, we are not an emergency service. Please contact your local emergency services if you need to report a critical situation.



Initial Intake Screen – required fields are identified with Red *

Incident Info Tab

1. Incident Info2. Employee Info3. Witness Info4. Additional Info5. Final Review

*** Required Fields**

Your Information

First	Last *	
<input type="text"/>	<input type="text"/>	
Title	Phone	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>

Incident Details

Incident Date *	Employer Notified
<input type="text"/>	<input type="text"/>
Incident Description *	
<input type="text"/>	



Incident Info Tab continued

Location Information

*Location Info **

Is the location outside of the United States, Canada and Mexico? *

yes ☐ no ☒

State *

GEORGIA



City *

Norcross



Location *

(1001) GB Demo Client Location 1



Did the incident occur at the client location? * yes ☒ no ☐

Location Info: From each drop down, select state, then city, then location code.



Claimant Information

1. Incident Info

2. Employee Info

3. Witness Info

4. Additional Info

5. Final Review

* Required Fields

Claimant

First Name *

MI

Last Name *

Address

City

State

Zip

County

Country

Best contact phone

SSN

Gender

Marital Status

Number of Dependents

Date of Birth

fatality involved ☐

Supervisor

First Name

Middle Initial

Last Name

Title

Phone

Phone Ext

Email



Employee Information and Injury Coding

Lost Time

Lost Time

Salary Continued

Receive Full Wage

Return to Work Date

Last Date Worked

Employment

Job Title

Status

Full-Time/Part-Time

Hire Date

Termination Date

Wage

Frequency

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Injury

Party injured? yes ☐ no ☐

Body Part *

Cause *

Nature *

Previous

Next

Additional Information tab

1. Incident Info

2. Employee Info

3. Witness Info

4. Additional Info

5. Final Review

* Required Fields

SMS Text Dissem Contact Information

Would you like to receive a text message detailing loss number and branch information for this incident?

☐

If so, please provide your cell phone number:

Additional Dissemination Information

Would like an email copy of this report?

☐

If so, may I have your email address?

Additional State Information

For which state are payroll taxes withheld for the employee?

Additional Information

What is the claimant's cell number?

Please provide the employee's email address if available

What is the claimant's state of hire?

Type of medical treatment



Additional Information tab continued

OSHA Information

Was the Employee treated in an Emergency Room?



Was the Employee hospitalized overnight as an In-patient?



Time Employee began work?

Identify the object or the substance that directly harmed the Employee:

What was employee doing when incident occurred? (be specific)

Notes

Notes/Additional Comments

Additional Information tab continued

Additional Escalation Criteria

Does this claim meet any escalation criteria below?



Acts of Violence, with serious injuries

Assaults / Shootings, with serious injuries

Catastrophic losses involving 2 or more individuals

Burns - 2nd or 3rd degree over 25% or more of the body

Cardiac Arrest / Heart Attack / Myocardial Infarction

Life-Threatening Injuries

Serious head or brain injuries (i.e. concussion with loss of Consciousness
of 1 minute or more, skull fracture, swelling of the brain)

Serious Spinal injuries NOT strain sprain

Documents

Attach any related files

[Browse...](#)

Total file size of all attached files cannot exceed 17 MB

Previous

Next



FINAL REVIEW PAGE BEFORE SUBMISSION


1. Incident Info

2. Employee Info

3. Witness Info

4. Additional Info

5. Final Review

 Your report is not complete until you click the submit button below.

Your Information

Edit

First

asdf

Last

asdf

Title

asdf

Phone

Ext

Incident Details

Edit

Incident Date

2019/03/22 09:19 am

Employer Notified

2019/03/22 09:19 am

Incident Description

asdfasdf

Location Information

Edit

Location Info

Is the location outside of the United States, Canada and Mexico?

no

State

CALIFORNIA

City

CHINO

Location

(6102) CHINO OPS

Did the incident occur at the client location?

yes

Location Contact

Edit

First Name

Last Name

Best contact phone

Ext

Final review of all sections. Click "Edit" on the right to make any changes



FINAL REVIEW AND SUBMISSION

Notes

[Edit](#)

Notes/Additional Comments

Additional Escalation Criteria

[Edit](#)

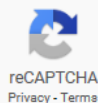
Does this claim meet any escalation criteria below?

Documents

Attach any related files



I'm not a robot



Final Captcha and Submission: You must complete all Captcha and wait for the green check mark to appear before clicking the Submit Incident button.

PLEASE CLICK ANY CAPTCHA IMAGES REQUIRED AND MAKE SURE YOU WAIT FOR THE GREEN CHECK MARK IN THE BOX BEFORE YOU CLICK SUBMIT INCIDENT

Submit Incident

Previous



Final Screen With Confirmation Number



NetClaimTM
By NAVEX Global®

Your report has been submitted. Information regarding this report will be forwarded to the appropriate people within your organization.
Please make note of the report number provided below.

128297274

Default Next Step Message - Thank You

Thank you for your report.

[Return to Home Page](#)

