citycounty insurance services
www.cisoregon.org

Online 801

How to fill out the online 801 report.

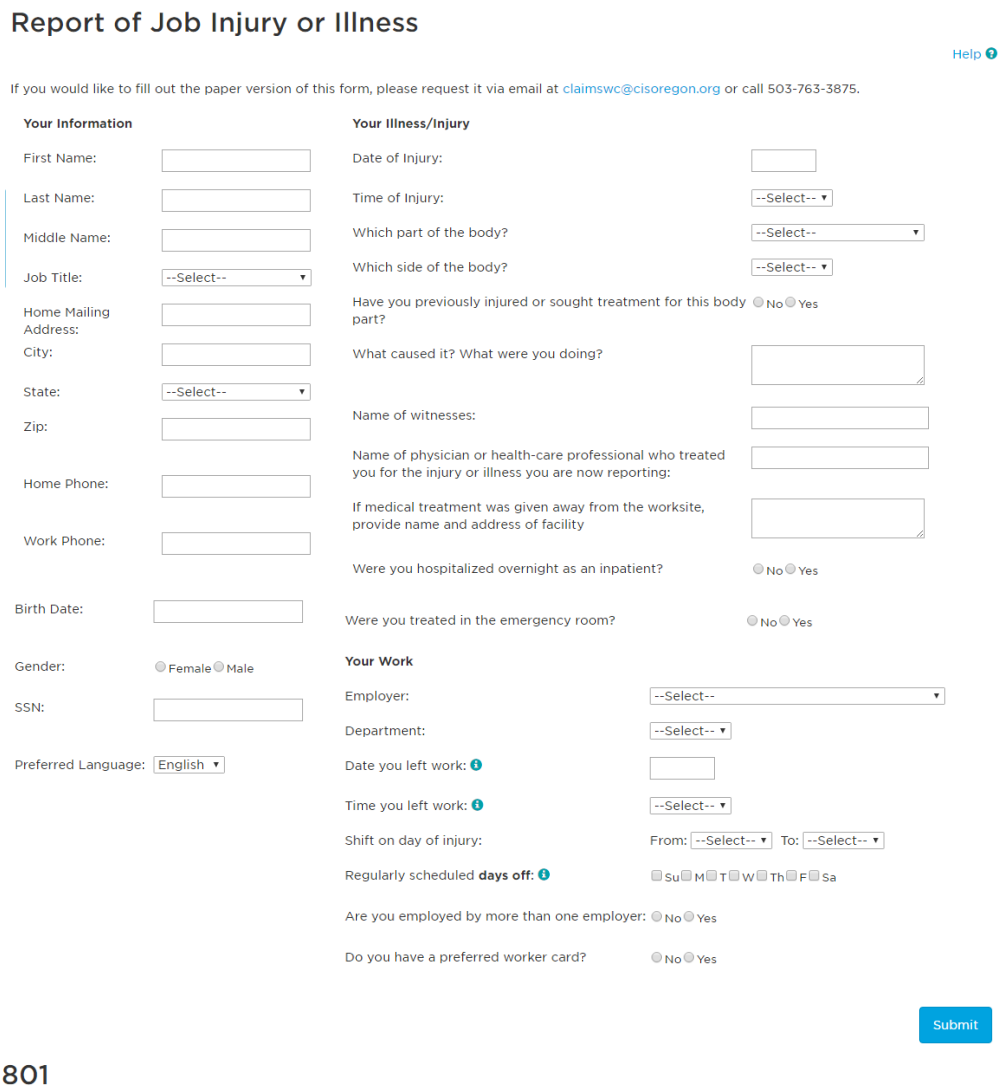
Worker - Submit a Claim

Direct link to **Report of Job Injury or Illness**
https://www.cisoregon.org/801

Finding the form in our website.

From our website www.cisoregon.org click the Submit a Claim link found at the very top of the page.

From the Submit a Claim page, there is a link to *Click here to submit a Workers' Compensation claim with an 801 form* which takes you to the **Report of Job Injury or Illness** form.


Report of Job Injury or Illness

Help

If you would like to fill out the paper version of this form, please request it via email at claimswc@cisoregon.org or call 503-763-3875.

Your Information

First Name:
Last Name:
Middle Name:
Job Title: --Select--
Home Mailing Address:
City:
State: --Select--
Zip:
Home Phone:
Work Phone:
Birth Date:
Gender: Female Male
SSN:
Preferred Language: English

Your Illness/Injury

Date of Injury:
Time of Injury: --Select--
Which part of the body? --Select--
Which side of the body? --Select--
Have you previously injured or sought treatment for this body part? No Yes
What caused it? What were you doing?
Name of witnesses:
Name of physician or health-care professional who treated you for the injury or illness you are now reporting:
If medical treatment was given away from the worksite, provide name and address of facility
Were you hospitalized overnight as an inpatient? No Yes
Were you treated in the emergency room? No Yes

Your Work

Employer: --Select--
Department: --Select--
Date you left work:
Time you left work: --Select--
Shift on day of injury: From: --Select-- To: --Select--
Regularly scheduled **days off:** Su M T W Th F Sa
Are you employed by more than one employer: No Yes
Do you have a preferred worker card? No Yes

Submit

801

Anyone can get to this page, you do not have to be logged in to use it.

Worker filling out the online 801 form

Most fields are required except:

Following not required

- Preferred Language
- Name of witnesses
- If medical treatment was given away from the worksite, provide name and address of facility
- Date you left work
- Time you left work
- Regularly scheduled days off

Date and Time you left work

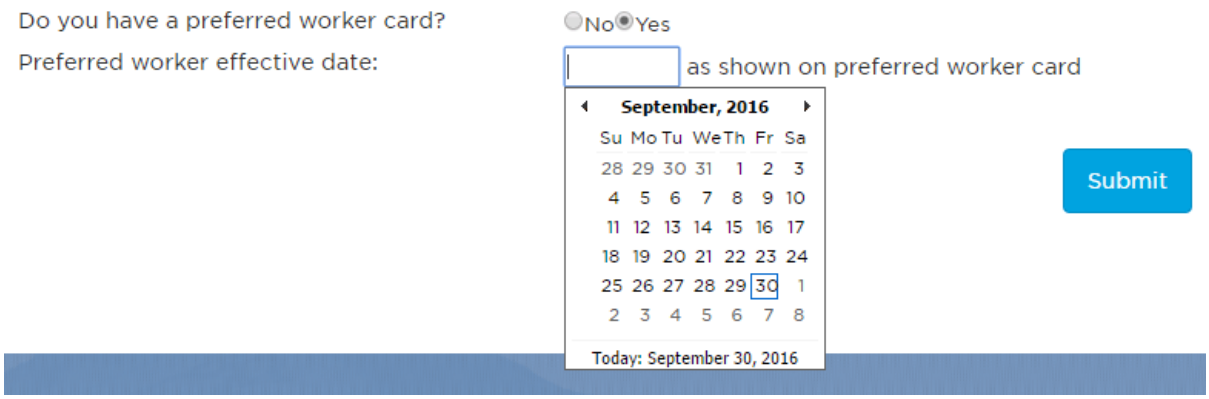
If you did not leave, leave these blank. These fields are not required.

Regularly scheduled days off

If your schedule varies, leave this blank. This field is not required.

Preferred Worker Card

Selecting yes requires the preferred worker effective date.



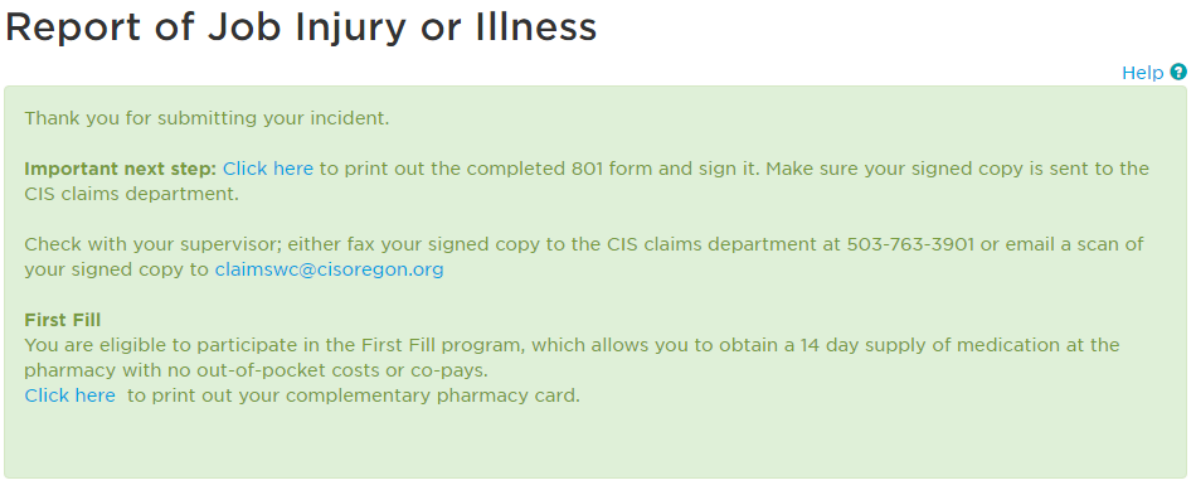
Submit form

After you have filled out the form, click the submit button.

The form will be disabled for several seconds while the claim is created. An email is also sent to the member's primary contact for workers' comp claims.

Thank you for submitting your incident

Once the data has been saved, the worker is presented with this confirmation.



Important next step:

- ☐ **Click to print out the completed 801 form.**

Print and sign this. Make sure your signed copy is sent to the CIS claims department.

Check with your supervisor; either fax your signed copy to the CIS claims department at 503-763-3901 or email a scan of your signed copy to claimswc@cisoregon.org.

> If you miss this step, check with your supervisor to obtain a copy to sign. Supervisors can get a copy of this completed form on our website. Employer Claim Review

First Fill

- ☐ **Click to print out your complementary pharmacy card.**

You are eligible to participate in the First Fill program, which allows you to obtain a 14 day supply of medication at the pharmacy with no out-of-pocket costs or co-pays.

Contact CIS

If you have any questions about the Online 801, please call 503-763-3875 or email claimswc@cisoregon.org.

Effective 9/30/2016 - Citycounty Insurance Services