



Signal eManager User Manual

Customer
focused claims
management



WELCOME TO EMANAGER!

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LOGGING IN TO EMANAGER

Accessing eManager is easy! To start, navigate to the Signal Mutual website via any browser using www.signalmutual.com

You will see the login prompt on the top of the homepage - simply enter your login credentials here to access eManager



New Users:

Please select Register button and fill out the appropriate information. You will receive an email within 2 business days once your account is verified and established.

If you experience any issues, please contact the support desk at **475 273 0305**



New User Registration

New users can request access to eManager from the Signal homepage in the eManager login area by selecting Register.

You will be prompted to fill out the below screen with your pertinent details (anything with an * is a required field). It is important that you add the name of your Signal contact so that proper access can be granted for your role.

If you have any questions on this process, please reach out to our support desk at 475-273-0305.



eManager



User Registration

****Note for SafeShore users:**
If you are submitting an application or binding request for the **SafeShore program** a login user id is not required. Please **Click Here** instead of registering for eManager.

Fields with an asterisk(*) are required.

*First Name:

Middle Name:

*Last Name:

Title:

*Company:

Supervisor:

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

*State:

*Zip Code:

*Country:

United States

*Phone Number:

Alternate Phone:

Example: 123-456-7890 or (123)456-7890

Mobile:

Fax:

*Signal Contact:

*Your eMail:

*Password:

*Confirm Password:

Your password must be a minimum of 8 characters, contain at least one uppercase and one lowercase letter, at least one number, and one of the following special characters: ! @ \$ % & * ?

*Type the code shown:

tx27d

☐ Show another code

Submit

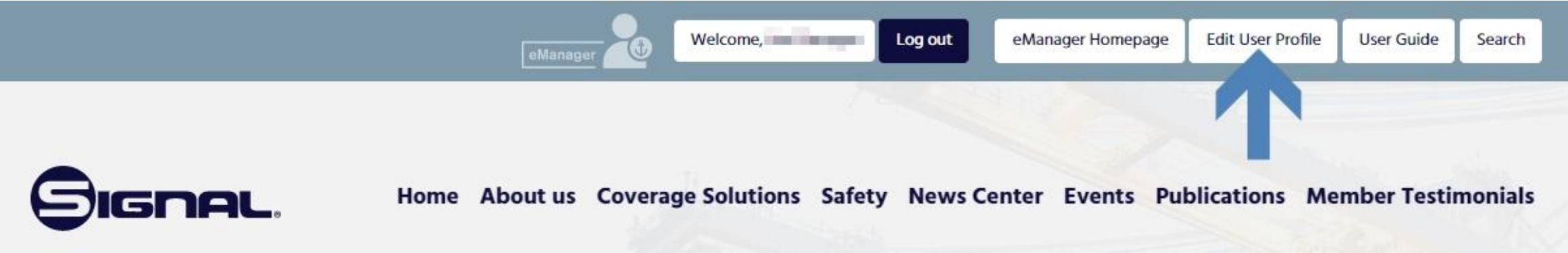
Cancel



YOUR EMANAGER PROFILE



Once you have logged in to eManager, you'll see four options available. Let's start by ensuring your profile is up to date - Select the "Edit User Profile" option to continue



You will notice all of your personal details on the first tab, these can be edited by hitting Edit and then saving any changes.

You can also edit your Report Preferences such as format of file exports and details to be included in reports.

Note, you can view your Access but not edit it. Please contact your Member Services Rep to modify your access

Personal Information

Report Preferences

Access

Name:

Title:

Company:

Email:

Address:

Phone:

Alternate Phone:

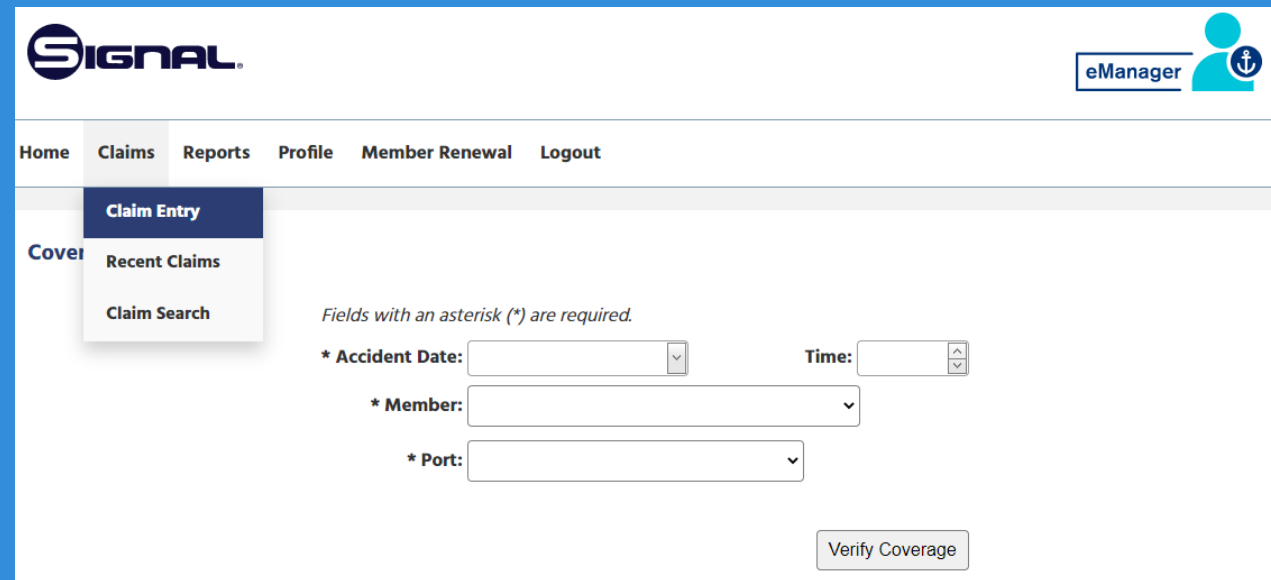
Mobile:

Fax:

Edit

RECORDING A NEW CLAIM

CLAIMS ENTRY



The screenshot shows the SIGNAL eManager web interface. The top navigation bar includes links for Home, Claims, Reports, Profile, Member Renewal, and Logout. The 'Claims' menu is open, showing options for Claim Entry, Recent Claims, and Claim Search. The 'Claim Entry' form is displayed, featuring a note that fields with an asterisk (*) are required. The form includes dropdown menus for * Accident Date, * Member, and * Port, along with a Time selector. A 'Verify Coverage' button is located at the bottom right of the form.

From the task bar, select "Claims" and "Claims Entry" to begin entering a new claim. We recommend that you hit "Save Work" frequently as you enter your claim details.

Note, you are required to populate all fields with an (*) - you will not be able to advance to the next page unless these fields are populated.

You can hit "Cancel" at any time to discard the claim

After entering the initial information - Accident Date/Time, Member and Port, hit "Verify Coverage" - this will take you to the main screen to enter all the details of the claim

RECORDING A NEW CLAIM

On the "Member Details" tab, select or input additional email addresses for anyone (aside from the person entering the claim) who should receive a copy of the LS-202.



eManager



Home

Claims

Reports

Profile

Member Renewal

Logout

Member Details

Claimant Details

Employment Details

Accident Details

Injury Details

Medical Treatment Details

Additional Details

Fields with an asterisk (*) are required.

* Member:

* Port:

Additional Notifications:

Select email(s)

Enter email(s)
separated by commas(,)

Cancel

Next

RECORDING A NEW CLAIM

On the "Claimant Details" tab, enter as much information as possible for the claimant.

Required fields are:

- Social Security Number
- First and Last Name
- Date of Birth
- Address (City, State, Zip and Country)

The screenshot shows the 'Claimant Details' tab in the SIGNAL eManager system. The form includes the following fields:

- * Social Security Number:** A text input field.
- * First Name:** A text input field.
- M.I.:** A text input field for the middle initial.
- * Last Name:** A text input field.
- Suffix:** A dropdown menu.
- * Date of Birth:** A date picker.
- Marital Status:** A dropdown menu with 'Single' selected.
- * Address:** Three stacked text input fields for the address.
- * City, State Zip:** A text input field for the city, a dropdown menu for the state, and a text input field for the zip code.
- * Country:** A dropdown menu with 'United States' selected.
- eMail:** A text input field.
- Cell Phone:** A text input field with an example: 'Example: 123-456-7890 or (123)456-7890'.
- Home Phone:** A text input field with an example: 'Example: 123-456-7890 or (123)456-7890'.
- Sex:** A dropdown menu with 'Male' selected.
- Race:** A dropdown menu with 'White' selected.

At the bottom of the form, there are two buttons: 'Save Work | Cancel' and 'Previous | Next'.

CLAIMS ENTRY

Remember to hit
"Save Work" before
advancing to the
next tab!

On the "Employment Details" tab, enter as much information as possible for the claimant.

Required fields are:

- F-Code
- Occupation

Hit "Save Work" and "Next" to continue to the next tab





eManager

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Medical Treatment Details

Additional Details

Fields with an asterisk (*) are required.

* F-Code:

* Occupation:

Department Employee Normally Works:

Days Employee Normally Works:

☐ Sun

☐ Mon

☐ Tues

☐ Wed

☐ Thurs

☐ Fri

☐ Sat

Was Employee Doing Usual Work?

Yes

Years of Job Experience:

Wages or Earnings (\$):

Hourly

Hire Date:

Union Registration Number:

Job Code:

Save Work | Cancel

Previous | Next

RECORDING A NEW CLAIM

On the "Accident Details" tab, enter as much information as possible for the claimant (note the Accident Date will carry over from the initial screen you entered it on).

Fields with an asterisk (*) are required, including:

- **Claim Caption** - is a 50-character field for an abbreviated description of the injury (e.g., "Fell on steps injuring l. ankle and knee")
- **Claim Narrative** - is a 250-character field where a more descriptive narrative should be provided, detailing circumstances of how the injury occurred (e.g., "Employee was carrying tools up the stairs to the main deck of vessel. His l. foot slipped on the top step and he fell twisting his left ankle.")

The more information you can provide, the better!

SIGNAL

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Accident Details

Injury Details

Medical Treatment Details

Additional Details

Fields with an asterisk (*) are required.

Accident Date:

8/1/2022

Time:

12:00 AM

Date Employer First Knew of Accident:

Time:

* Claim Caption

(50 characters)

* Claim Narrative

How Did Accident Occur?

(255 characters will appear on LS-202)

How was this Knowledge Gained:

* Exact Place Where Accident Occurred:

Vessel (if applicable):

On Employer's Premises:

Yes

* Reported Under Act:

Where (for Longshore Act Only):

Contracting Agency

(for Defense Base Act Only):

Contract Number

(for Defense Base Act Only):

Save Work | Cancel

Previous | Next

CLAIMS ENTRY

Remember to hit "Save Work" before advancing to the next tab!



RECORDING A NEW CLAIM

On the "Injury Details" tab, enter as much information as possible.

Required fields are:

- Primary Injured Body Part
- Nature of Injury
- Description of Injury
- Did Injury cause Death?

The more information you can provide, the better!

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Additional Details

Fields with an asterisk (*) are required.

* Primary Injured Body Part:

Side:

2nd Injured Body Part:

Side:

3rd Injured Body Part:

Side:

4th Injured Body Part:

Side:

5th Injured Body Part:

Side:

* Nature of Injury:

* Description of Injury:

* Did Injury Cause Death?

No

Date:

Did Injury Cause Loss of Time Beyond Shift?

No

Date:

Time:

Did Employee Stop Work?

No

Did Employee Return to Work?

No

Date:

Time:

Was Employee's Pay Stopped?

No

Date:

Time:

Is the Injury or Accident OSHA Reportable?

No

Save Work | Cancel

Previous | Next

RECORDING A NEW CLAIM

On the "Medical Treatment Details" tab, enter as much information as possible for the claim - the more information you can provide the better!

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Claimant Details

Employment Details

Accident Details

Injury Details

Medical Treatment Details

Additional Details

Has Medical Attention Been Authorized?

No

▼

Date:

▼

Was First Physician Chosen By Employee?

No

▼

Was LS-1 issued?

No

▼

Physician Name:

Physician Address:

City, State Zip:

▼

Country:

United States

▼

Hospital Name:

Hospital Address:

City, State Zip

▼

Country:

United States

▼

Save Work | Cancel

Previous | Next

CLAIMS ENTRY

You must hit "Submit" to properly submit your claim

RECORDING A NEW CLAIM

CLAIMS ENTRY

The final tab in the Claims Entry process is the "Additional Details" tab, which allows you to log any other information you wish relating to the claim.

You may review the LS-202 form that has been generated from the details you have entered by selecting "Review LS 202" at the bottom or simply hit "Create Claim" to create a new claim.



eManager



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Claimant Details

Employment Details

Accident Details

Injury Details

Medical Treatment Details

Additional Details

Enter *optional* data into fields provided to display in Excel version of the Loss Run.
For example, **Field Name:** Project Manager **Value:** John Smith
Otherwise please proceed to the bottom of the screen for the next step(s).

Field Name	Field Value
Field Name	Field Value
Field Name	Field Value
Field Name	Field Value

Save Work | Cancel

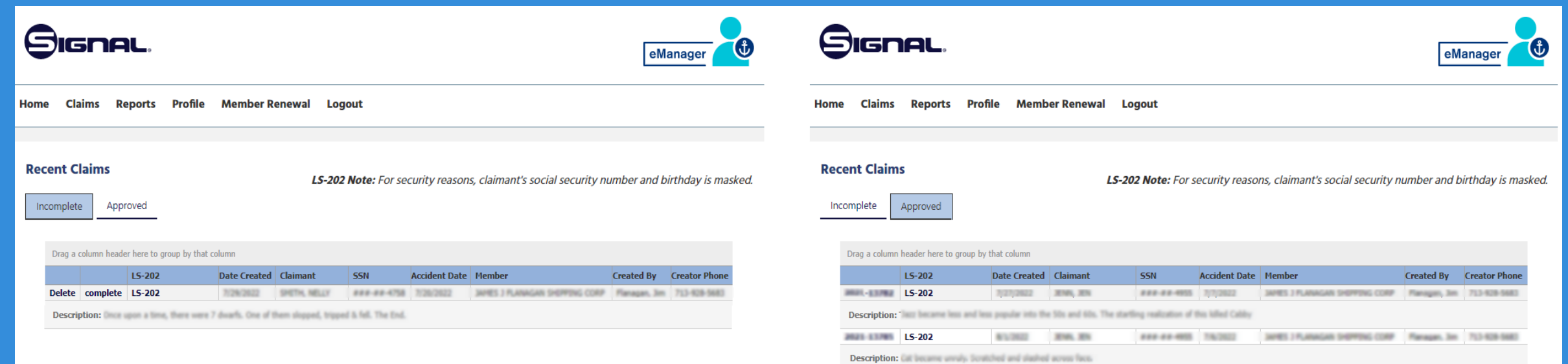
Previous | Review LS-202 | Create Claim



RECENT CLAIMS

There are 2 Claims Statuses:

Hit "File Copy" to generate with only the last 4 digits of the social security or hit "DOL Copy" for one with the full SS

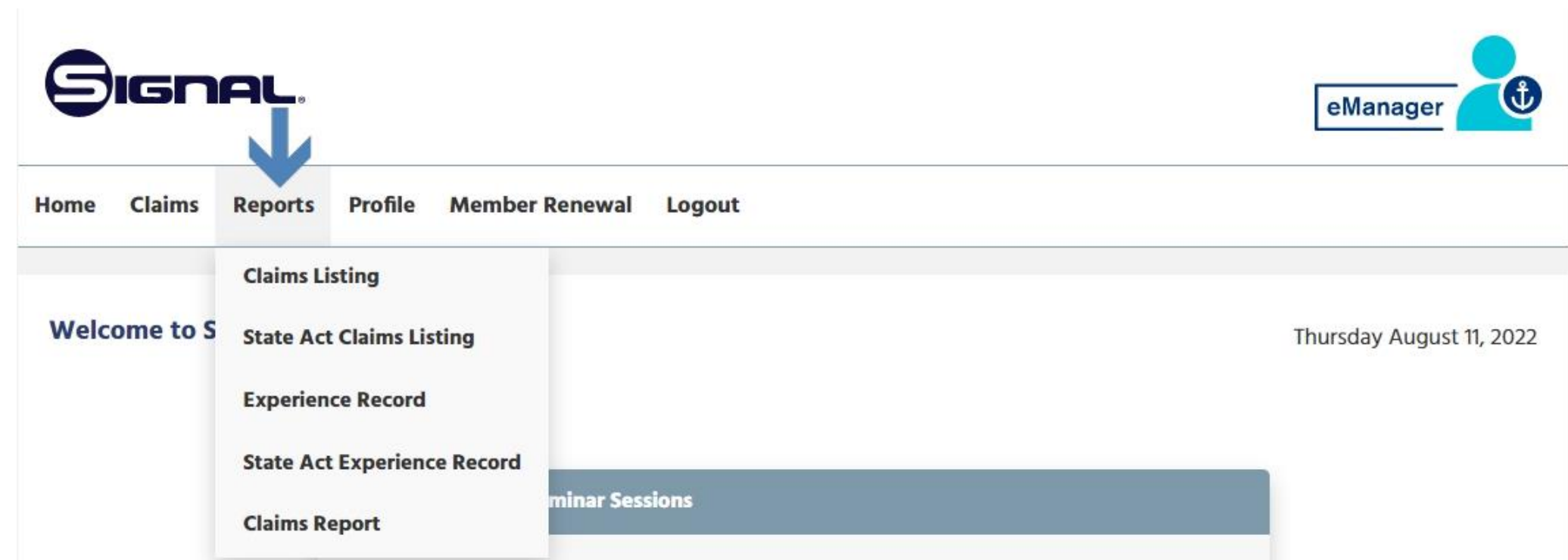


REPORTS OVERVIEW

The Reports section of eManager allows you to access an extensive selection of reports related to your claim activity.

In addition to a claims listing loss run and loss experience record, there are several reports available under Claims Reports sub-menu:

- Claimants on Compensation
- Injuries by Body Part
- Death Claims
- Claims by Permanency Type
- Claimants with Multiple Claims



CLAIMS LISTING REPORT

The Claims Listing option allows you to either produce a preformatted PDF or Excel report or an extract of raw claims data for further analysis. You have the ability to generate reports for an Individual Member or multiple Members (if you have access)

The PDF option provides any of the following options:

- Graphical Summary
- Claims statistics including frequency, average value, lost time and body part analysis
- Claims incurred summary by year
- Subtotals by port, state and F Code
- Detailed claim by claim listing

Graphs also analyze costs between open and closed claims and allow you to measure your claims to payroll ratio and frequency rate against other Members within the industry or the Association as a whole.

REPORTS: CLAIMS LISTING



REPORTS:
CLAIMS
LISTING

Populate the fields in the report options that you would like to see and then select "Generate Report"

You can select to view the report in your browser or have it sent to your email



CLAIMS LISTING
REPORT



Home Claims Reports Profile Member Renewal Logout

Claims Listing/Loss Run Report

Report Parameters

Select the **Member** option to generate individual claims listing reports for each selected Member or select **Group** to generate one claims listing report that includes all selected Members. The groups are defined by the Signal underwriters for renewal.

Include:

☒ Member ☐ Group

Member(s):

☐ [Member Name]

☐ [Member Name]

As At Date:

Current Month End

7/31/2022

Report Format

Format: ☒ PDF - Requires Adobe Reader 8.0 or higher ☐ XLSX - Requires Microsoft Excel 2007 or higher

Output: ☐ View report in browser (May take a long time to process if reporting on a large amount of data) ☒ Send report to email address on record (jimf@jiffanigan.com)

☒ Detailed List of Claims

Membership Year(s): Other From: 2016 To: 2020

Status: BOTH

Order By: Accident Date

Include Long Term Claims: Yes

Breakdown By Port: No

☒ Graphs

☒ Claim Statistics

☒ Summary

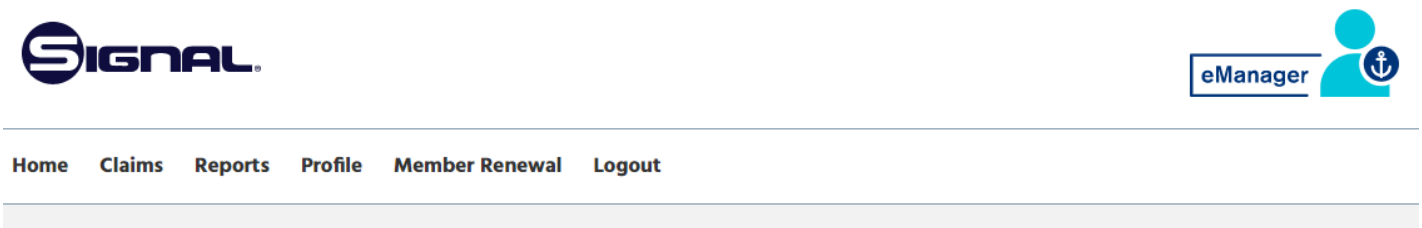
☒ State / Port / F-Code Subtotals

Membership Year(s): Other From: 2016 To: 2020

☒ Save these report settings

Generate Report

EXPERIENCE REPORT



Experience Record

Report Parameters

Select the **Member** option to generate individual experience records for each selected Member or select **Group** to generate one experience record that includes all selected Members. The groups are defined by the Signal underwriters for renewal.

Include:

☒ Member ☐ Group

Member(s):

Membership Year(s):

From: **To:** Experience Record can include up to 6 membership years.

As At Date:

As At Date cannot be greater than 10 years of the Membership From Year.

Report Format

Report Type:

☒ Executive Summary

☐ Release Call

☐ Full Experience Record

Detail Breakdown By:

☐ State

☐ Port/Location

☐ F-Code

The Experience Record will be sent to your email address on record (info@signalmanager.com).
Adobe Acrobat Reader is recommended for viewing the report.

Generate Report

eManager allows you to request a full experience record, comparing your claims record with calls.

You can generate this report for an individual Member or Multiple Members (if you have access).

This report is emailed to the address on record.

REPORTS: EXPERIENCE REPORT

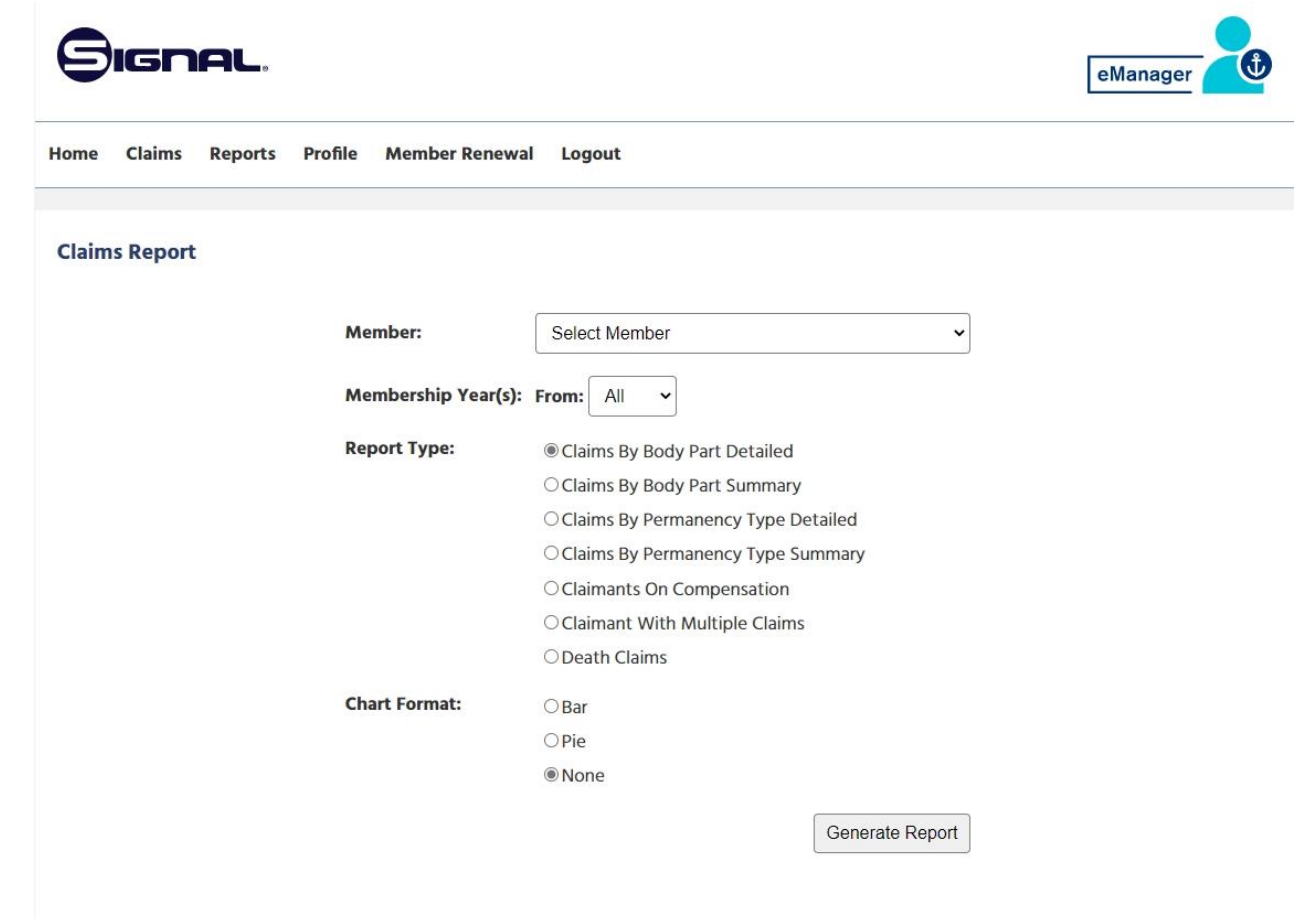


REPORTS: CLAIMS REPORT

The "Claims Report" of eManager's reports section allows reporting in data and graphical format for a variety of Membership years and claim types, including:

- Claims by Body Part (summary and detailed)
- Claims by Permanency (summary and detailed)
- Claimants on Compensation
- Claimants with Multiple Claims
- Death Claims

CLAIMS REPORT



The screenshot displays the SIGNAL eManager web application interface for the Claims Report. At the top, the SIGNAL logo is on the left, and the eManager logo with a user icon is on the right. A navigation bar below the header contains links for Home, Claims, Reports, Profile, Member Renewal, and Logout. The main content area is titled "Claims Report" and contains the following form elements:

- Member:** A dropdown menu with "Select Member" as the placeholder.
- Membership Year(s): From:** A dropdown menu with "All" as the selected option.
- Report Type:** A list of radio button options:
 - ☒ Claims By Body Part Detailed
 - ☐ Claims By Body Part Summary
 - ☐ Claims By Permanency Type Detailed
 - ☐ Claims By Permanency Type Summary
 - ☐ Claimants On Compensation
 - ☐ Claimant With Multiple Claims
 - ☐ Death Claims
- Chart Format:** A list of radio button options:
 - ☐ Bar
 - ☐ Pie
 - ☒ None

A "Generate Report" button is located at the bottom right of the form area.



CLAIM SEARCH

The Claim Search option allows you to search for specific claims using a variety of criteria such as policy year, Claim Number, Port, F-Code, Name, Accident Date and Total Incurred Value

You can also use (*) in the last name search field if you are unsure of spelling.



eManager



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Select All Claims With:

Member:

All Members

Policy Year:

All Years

Claim Number:

State:

All States

Port:

All Ports

F-Code:

All F-Codes

Claim Statuses:

All Open Statuses

Total Incurred - From: To:

Accident Date - From: To:

Open Date - From: To:

Closed Date - From: To:

Last Name: * is a wildcard (S* returns all names beginning with "S")

Social Security Number:

Sort By:

Accident Date

Submit

Reset

REPORTS: CLAIM SEARCH



REPORTS:
CLAIMS
SEARCH

CLAIMS SEARCH

After entering your search criteria, a listing of applicable claims will be displayed. Each Claim Number ID is a hyperlink which can be clicked on for further details on the claim.

The search results can be exported to an Excel or PDF.

To see a different data set, just hit "Revise Search"



Claim Search Results

Revise Search

LS-202 Note: For security reasons, claimant's social security number and birthday is masked.

Export to : PDF XLSX CSV

Page 1 of 2 (23 items) [1] 2

Claim Number	LS-202	Claimant	Accident	Status	State	Port	F-Code	Total Paid	Total Outstanding	Total Incurred
1985			2/28/1986	LONGTERM				\$100,400.02	\$0.00	\$100,400.02
1985			6/23/1986	LONGTERM				\$261,732.96	\$0.00	\$261,732.96
1986			10/2/1986	LONGTERM				\$380,986.44	\$0.00	\$380,986.44
1986			10/3/1986	LONGTERM				\$354,140.59	\$0.00	\$354,140.59
1989	LS202		12/22/1989	OPEN				\$2,482.86	\$23,518.00	\$26,000.86
1990			10/22/1990	LONGTERM				\$289,077.83	\$0.00	\$289,077.83
1992			7/26/1993	LONGTERM				\$851,605.02	\$0.00	\$851,605.02
1993			12/15/1993	LONGTERM				\$1,754,158.97	\$0.00	\$1,754,158.97
1996			2/14/1997	LONGTERM				\$387,971.47	\$0.00	\$387,971.47
1997			3/24/1998	LONGTERM				\$169,528.65	\$0.00	\$169,528.65
1998			10/9/1998	LONGTERM				\$1,064,656.83	\$0.00	\$1,064,656.83
1998			11/4/1998	LONGTERM				\$1,115,631.34	\$0.00	\$1,115,631.34
2002			8/16/2003	LONGTERM				\$904,236.72	\$0.00	\$904,236.72
2002			9/7/2003	LONGTERM				\$1,682,570.99	\$0.00	\$1,682,570.99
2004	LS202		3/29/2005	OPEN				\$2,983.92	\$50,987.79	\$53,971.71
2005	LS202		8/9/2006	LONGTERM				\$763,518.11	\$0.00	\$763,518.11
2007	LS202		11/12/2007	LONGTERM				\$831,199.38	\$0.00	\$831,199.38
2014	LS202		1/5/2015	OPEN				\$6,396.96	\$126,382.37	\$132,779.33
2014	LS202		5/4/2015	REOPENED				\$77,184.12	\$86,865.20	\$164,049.32
2017	LS202		9/18/2018	OPEN				\$346,747.39	\$294,149.72	\$640,897.11

Page 1 of 2 (23 items) [1] 2

CLAIM SEARCH

After clicking on the Claim ID Link, you will see the Claims Details Summary page, with six sections of information

- Summary
- Payments
- Pay Totals
- Reserve History
- Claim Manager Comments
- Adjuster Comments

The payment list includes all payments approved and in process, covering compensation, medical and adjuster/attorney expenses.

The Reserve Screen provides reserve estimates by benefit type, divided between temporary and permanent compensation, medical, expenses, and third-party liabilities.



eManager



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Claim Details

Claim ID: 2019-

Claimant:

Member:

Accident Date:

Status: Reopened

Summary

Payments

Pay Totals

Reserve History

Claim Manager Comments

Adjuster Comments

Summary

Print Version

LS-202: LS-202

Filed w/OWCP on 04/09/2021

Claim Review Summary

Claimant

Name:

Address:

eMail:

F-Code:

Num. of Claims: 1

SSN: ###-##-####

Home Phone:

Cell Phone:

Occupation: ILA

Accident

Accident Date:

Description: Lifting on sack & back just gave out, felt pain.

Nature of Injury: Sprain, strains, twists, tears, dislocations

Body Part: Back - Right

Location:

Reported: 7/16/2020

Opened: 4/9/2021

RTW:

Closed: 6/30/2021

Reopened: 4/11/2022

Reserve Information

	Paid	Outstanding	Incurred	
Temporary:	\$0.00	\$4,026.78	\$4,026.78	AWW: \$335.57
Permanent:	\$0.00	\$0.00	\$0.00	C/R: \$335.57
Medical:	\$0.00	\$15,150.00	\$15,150.00	LWEC: \$335.57
Expenses:	\$8,798.15	\$31,201.85	\$40,000.00	REC: \$0.00
Liability:	\$2,500.00	\$0.00	\$2,500.00	
Recovery:	\$0.00	\$0.00	\$0.00	
Net:	\$11,298.15	\$50,378.63	\$61,676.78	

Contacts

Member:

Port, State:

Adjuster:

Firm:

Signal Contact:

Region:

OWCP:

REPORTS: CLAIM SEARCH