

Umehluko:

Employer Guide – Claims Submission

To access the Umehluko system, one first needs to get a DoL username and password,

This can be done at http://www.labour.gov.za/DOL/ and selecting the Online Claims Submissions link. See below



You will then see the Online Submission Portal, where you register or log in



Lets look at "How To Register" – <u>This is to be done only if you do not already have an online</u> account, if you already do, please enter your log n details.

Fill in the required information on the registration form, upon completion click submit, thereafter and email will be sent to you containing your *username and password and authentication key*

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	*First Names:	Complete The Rest Of The Fields.
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Once you receive your username and password go back to the website and fill in you log in credentials



You will then see the page below, where you can link an organization to your profile or select an organization that has already been linked

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You can link the organisation you wish to act on behalf of by entering the practice number and then clicking 'get organisation' and then 'add to profile'

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You can then select the linked organization and register a claim, by clicking submit medical report you will be redirected to the Umehluko log on page where you enter you log on details

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This is the Umehluko Log On page where you are required to log in and register a cliam for the Organisation you have linked/selected to act on behalf of

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The Umehluko Logon screen will displays: (The user must then fill in the "User Name" and "Password" credentials to be able to access the system. Once the user completed the login credentials the user will click on "Log In").

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The user must select either the Accident Notification for an Accident or the Disease Notification for an occupational disease.

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Search Member Number? 000170895	
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Member Site CELL COMMUNICATIONS WEST RAND Location Category A K workpl	lace - Above Ground
Date of Accident " 01 Jun 2014 III Time (HH:MM) " 12:00	
Description *	
	Nationality .
Industry No. EMPUSe ID Number Passport No 1952933	Angola
I Deta di inte in 72 Mar 1370 III E Employe	e Number * EMP036
Trail (earr / Ann? * No • Pater	son Grading B3(Cat7)
OccupationEnter Code or Description to populate Data	
Insurance Type TOD - Injury On Duty • Claim Type * TOD • U	ikely Bucket * Days > 14
Date RMA Notified * 06 Jun 2014	
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Was this an Assault? * No 💽	
Did the employees spectacles break during the accident? + No -	
Were the employee's dentures damaged during the accident? * No	
Brief Description of Injury(ies) *	<u>×</u>
Primary Injury Diagnostic Group * DRG16 - Injuries to the Ankle and Foot	
Entries marked with * are required values.	
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The employer will capture all the necessary information. The red asterisk represent that the field are mandatory. The drop down fields makes submission faster.



Then select the <mark>"Close"</mark> button

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The system will automatically supply the notification with a File Reference number/ claim number instantly; however, the notification process is not yet complete.

Select the Claim details then "Edit" button to proceed.

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The following screen will appear: "Update Accident Person Details"

The user will return to the menu bar and select the "Earnings" button then add earnings and submit.

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The user will return to the menu bar and click on Medical and select Injuries /diagnosis then add injuries also selecting the correct ICD codes and submit

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The user will return to Claim and select PEV details. Browse and insert the Authentication key then Member Submit.

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Events Member Event Ref	88740		Person	Emp.No	Industry No	D.O.B D.O.D	
Assurer Event Ref	00712		- Smory senderen		EMP030	07 Hai 1979	
Date of Accident	01 Jun 2014 Time 12:00:00						
Member Site	CELL COMMUNICATIONS WEST RAND		-				
Description	Employee fell off a ladder						
Location Category	At workplace - Above Ground						Claim is now
Location Type	Unknown / Tevalid						
Accident C Disease		History Add Edit S	Search 🐉 🔨 🍓 🗶			Search Add Edit Quick Add	registered and sent for
Claim Medical	Earnings Person Details	Documents Employ	yment Leave Mgmt	Requirements	Notes	Payments Questionnaires	registered and sent for
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Date Assurer Notified				Date Submitted/Post	ed		
Agent	LADDER	100		Actions		FALLING FROM	
Activity Activity at Time of Event?	CHIBELL	140		Contact Person		Compose Sim	
Occur in Normal Workplace?	No			Date Stabilised			
Fatality ? Death due to Event ?	No			Injury ?		Yes	
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Post Date LastChangedBy	8702055	255080		LastChangedDate		06 Jun 2014	
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Notification sent to CompCare.

YOU HAVE SUCESSFULLY COMPLETED SUBMITING A CALIM.

PLEASE REMEMBER TO LOG OUT

For more information contact us on:

Call

• 086 999 0090

Or email

ccms @labour.gov.

The Compensation Fund, working for you!!