**ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT**

**Division of Workers' Compensation**

**P.O. Box 115512, Juneau AK 99811-5512**

**INSTRUCTIONS FOR USE OF CLAIMS R3 FORMS**

1. Forms are in Microsoft Word 97-2003 format (.doc).

2. Forms are password protected so user can select from drop down lists.

3. User will need to add additional lines where appropriate.

See sections marked with (Up to NN) to the far right of each section heading, e.g. 36. Benefit Type Payment(s) and OTHER BENEFIT TYPE(S).

4. To unlock form:

a. Select Review

b. Click on Restrict Editing icon

c. Click on Stop Protection button

d. Type in password (all lowercase): akwc

5. To add additional lines:

a. Copy line to be added (Ctrl + C)

b. Paste line into table (Ctrl + V)

c. Insert row will not copy drop down list values

6. To lock form:

a. Click on Yes, Starting Enforcing Protection

b. Enter password (all lowercase): akwc

7. As a general rule drop down fields marked as:

a. SELECT ONE are mandatory or expected fields, and

b. All other fields are marked as: DROP DOWN LIST