



CIRMA Online Reporting New User Sign-Up Form

Instructions

Welcome to CIRMA Online Reporting!

Please complete all fields in this form, and email it to CIRMA at the address listed at the bottom of the form. CIRMA will send you an email with the web address of CIRMA Internet Reporting, your user name, your password (which you will change the first time you log in), and other helpful information. You must complete all fields in this form in order to qualify for Online Reporting.

If you have any questions, please contact Michael Gillon, Claims Supervisor, at mgillon@ccm-ct.org or 203-946-3729.

We look forward to making your claim reporting process as easy as possible. Thank you.

YOUR INFORMATION

Your First Name:

Your Last Name:

Your Email Address:

Your Work Phone Number:

The CIRMA Member Insured Name:

The CIRMA Member/Insured Location Code:

The CIRMA Member/Insured Address:

The CIRMA Member/Insured City:

The CIRMA Member/Insured State:

The CIRMA Member/Insured Zip Code:

SUBMIT THE FORM

If the above "Submit by Email" form button doesn't work properly:

1. After filling in the required information, save the form onto your computer.
2. Open an email message and attach the saved completed form.
3. Send the email with the attachment to sgaffney@ccm-ct.org.

www.CIRMAcare.org

