



# INSTRUCTIONS

## OFFICER/MANAGER REVOCATION OF PRIOR REJECTION OF COVERAGE (FORM 17A)

**FILE A SINGLE COPY OF THIS FORM WITH THE VIRGINIA WORKERS' COMPENSATION COMMISSION.**

### ***READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THIS FORM.***

1. Fill out this form whenever an officer of a corporation or the manager of an LLC elects to terminate a prior rejection of coverage for an injury or accident under the Virginia Workers' Compensation Act.
2. The name of the corporation/LLC should be the same as the Charter by which the corporation or LLC is licensed, and the same name used on the Form 16A when coverage was rejected. Use the mailing address used by the corporation or LLC to receive mail by the U.S. Postal Service.
3. Identify the entity by checking corporation or LLC. Provide the employer's Federal Identification Number and the State Corporation Commission Identification Number, if applicable.
4. Provide all requested information for the officer/manager rejecting coverage.
5. Signatures of the employer, officer/manager and the dates of signing are all required.
6. Coverage shall not be extended for injuries that occur within five days of the giving of this notice.

You may print copies of this form by accessing our website [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov) or request copies by writing to the Commission.