



# Employee ID

Email: [EDI.Support@workcomp.virginia.gov](mailto:EDI.Support@workcomp.virginia.gov) | Toll Free: 1-877-664-2566

## Social Security Number (DN0042)

Preferred Identification Number

*If the Social Security Number is unknown, the following will be accepted:*

**Employee  
Employment Visa**  
(DN0152)

**Employee  
Green Card**  
(DN0153)

**Employee  
Passport Number**  
(DN0156)

## Assigned by Jurisdiction ID (DN0154)

If none of the above valid IDs are known, the "Assigned by Jurisdiction ID" should be composed as follows:

### Format

VA/Date of Injury (mmddyy)/Last Name/First Name/Padded with zeros (0)

### Examples

For Claimant Name Sean Winterhalter with a Date of Injury of 01/01/08:  
VA010108Winterh

For Claimant Name Dan Kim with a Date of Injury of 05/05/10:  
VA050510KimDan0