



Filing a 16A, Rejection of Coverage Waiver

The 16A should be filled out when an officer of a corporation or a manager of an LLC elects to reject workers' compensation coverage for injury by accident under the Virginia Workers' Compensation Act.

1. Go to the 16A Form website at:

webfile.workcomp.virginia.gov/public-webforms/form16a

2. Review the important message screen.
3. Click the "Next" button to continue to the "Submitter Information" section.

Form 16A - Rejection of Coverage Waiver

Important Message Submitter Information Employer Information Officer/Manager Information Verify 16A Form

Important Message

For guidance to commonly reported issues, please [click here](#).

We recognize that our users may use a variety of Internet Browsers. In order to provide you with the best experience possible, we recommend using Google Chrome or Internet Explorer (IE) 11. These browsers have been tested to ensure optimal usability.

Here's how to change your default PDF reader in Windows 10:

- Go to Start > Settings
- Within the Settings app head to Apps > Default apps
- Click on Choose default apps by file type and change the app association of the PDF file extension with an application of your choice (This can be another browser or a third-party PDF reader.)

The following links contain additional information on updating the default PDF reader:

- [Make Acrobat or Reader the default owner of PDF files on Windows 10](#)
- [Microsoft Edge taking over as default PDF viewer](#)

Instructions

Dear Customer:

Please have the following information available in order to complete this form:

- Name and Address of Corporation or LLC
- Business FEIN (Federal Identification Number or Entity Identification Number)
- SCC Entity ID # of business (Can be located by contacting the SCC at 1-866-722-2551 or on the web at www.scc.virginia.gov)
- Officer/Manager information, including last four digits of SSN
- Executive Officer Title
- Documentation (PDF) for Executive Officer titles of Manager/Other showing election or appointment in PDF format
- Policy information including complete and accurate insurance carrier, policy number, and policy period dates - Policy information must be on record with the Commission
- Email address of Employer and Officer for E-signature

Next

IMPORTANT



You will need the following information in order to complete this form:

- Name and Address of Corporation or LLC,
- Business FEIN (Federal Identification Number or Entity Identification Number)
- SCC Entity ID # of business (locate by contacting the SCC at 1-866-722-2551 or www.scc.virginia.gov)
- Officer/Manager information, including last four digits of SSN
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- Policy Information including complete and accurate insurance carrier, policy number, and policy period dates - Policy information must be on record with the Commission
- Email address of Employer and Officer for E-signature

4. Complete the blank fields and make sure all required fields (marked with an *) are complete.

Important Message Submitter Information Employer Information Officer/Manager Information

Submitter Information

Submitter's Email *

Required Field

Form 16A - Rejection of Coverage Waiver

Important Message Submitter Information Employer Information Officer/Manager Information Verify 16A Form

Submitter Information

Submitter's Email *
example: abc@xyz.com

Confirm Email *
example: abc@xyz.com

Business FEIN (Federal ID Number) *
example: 123456789

Officer/Manager's SSN (last four digits required) *

Check who is submitting this form *

Employer Officer / Manager Agent

Back Next Cancel

5. Click the “Next” button to continue to the “Employer Information” section.



QUICK TIPS

Click the Help icon (?) to find additional information.

The top screenshot shows the 'Form 16A - Rejection of Coverage Waiver' page. A red circle highlights the 'Help' icon in the top left corner. The right sidebar contains instructions for 'Employer Information' and 'Select Employer Type'. The bottom screenshot shows the 'Select Employer Type' section with a red circle around the 'Help' icon and another red circle around the 'Select Employer Type' instructions.

6. Complete the blank fields and make sure all required fields (marked with an *) are complete.

The screenshot shows the 'Employer's Insurance Information' form. It includes the following fields and instructions:

- Insurance Carrier or Self Insured Group Code ***: Begin typing code.
- Policy Number ***: Do not enter dashes, spaces, or special characters UNLESS you are insured with a Group Self Insured Association.
- Policy Period**:
 - Effective Date ***: MM/DD/YYYY
 - Expiration Date ***: MM/DD/YYYY

At the bottom, there are four buttons: 'Back', 'Next', 'Cancel', and 'Back'.

Note: If your business has workers' compensation insurance, as you type the Carrier Code into the application, the Insurance Carrier name and Carrier number will appear in a list. Selecting your Insurance Carrier from the list will populate your Insurance Carrier's name in the Insurance Carrier field. If the Insurance Carrier list does not appear in the list, please confirm your Carrier Code.

Note: The Policy Number should **not** include any special characters (i.e., -, *, &, ...) even if they appear on your policy DEC page. The exception is all GSIA (Group Self Insured Agency) policies—they **must** include the dash.

7. Click the "Next" button to continue to the "Officer/Manager Information" section.

8. Complete the blank fields and make sure all required fields (marked with an *) are complete.

9. If “Corporation” was selected from “Employer Type” the user must select an Officer Title.
10. If “Other” is selected, the user must enter their title in the free form text box.
11. Necessary documentation is required when selecting “Other.”
12. Click “Upload PDF” to locate the document. The total size of PDF attachments cannot exceed 15 MB.

13. Click the “Next” button to continue to the “Verify 16A” section.

14. Review the submitted information.

The screenshot shows a progress bar at the top with five steps: 'Important ...', 'Submitter Inf...', 'Employer Inf...', 'Officer/Manager I...', and 'Verify 16...'. The 'Verify 16A Form' step is currently active. Below the progress bar, the title 'Verify 16A Form' is displayed with a help icon. The main content area is titled 'Employer Information' and contains the following details:

- Corporation/LLC Name: Dusty Trail
- Address: 1000 DMV DR
- Suite/Bldg:
- City: RICHMOND, State: Virginia, Zip: 23220-2036

At the bottom of the form, there is a field labeled 'Select Employer Type *'.

15. Review the Terms and Conditions by clicking on the “Terms and Conditions” link in the bottom left hand corner.
16. After reviewing, check the box to accept the Terms and Conditions.
17. Enter signature and the date notice received by Employer.
18. Click “Submit” to complete your registration.

IMPORTANT



Google Chrome Users—if your certificate **does not** appear, please check the bottom of your browser screen. The PDF may have downloaded and you **must** select the box at the bottom of your screen to open the PDF, and then save it appropriately.