



## Filing a 17A, Revocation of Prior Rejection of Coverage

The 17A should be filled out when an officer of a corporation or a manager of a LLC elects to revoke a prior rejection of workers' compensation coverage for injury by accident under the Virginia Workers' Compensation Act.

1. Go to the 17A Form website at:

[webfile.workcomp.virginia.gov/public-webforms/form17a](https://webfile.workcomp.virginia.gov/public-webforms/form17a)

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

### IMPORTANT



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

- An active approved Rejection of Coverage form (Form 16A) must be on file with the Commission and have been processed on or after February 1, 2009 in order to submit a Revocation of Prior Rejection of Coverage form (Form 17A) electronically. If the 16A was filed prior to February 1, 2009, a paper submission should be filed with the Commission.
- 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 [scc.virginia.gov](https://www.scc.virginia.gov))
- Officer/Manager information, including last four digits of SSN
- 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.

The screenshot shows a progress bar with four steps: 1. Submitter Information (active), 2. Employer Information, 3. Officer/Manager Information, and 4. Verify 17A Form. Below the progress bar, the 'Submitter Information' section is displayed. It includes a red asterisk next to the 'Submitter's Email' label and a red line below the input field with the text 'Required Field'.

The screenshot shows the 'Submitter Information' form with the following fields and options:

- 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

At the bottom, there are three buttons: 'Back' (white), 'Next' (grey), and 'Cancel' (red).

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



## QUICK TIPS

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

A screenshot of the Virginia Workers' Compensation Commission website. The page title is "Form 17A - Revocation of Prior Rejection of Coverage". A progress bar at the top shows five steps: 1. Important Message, 2. Submitter Information, 3. Employer Information, 4. Officer/Manager Information, and 5. Verify 17A Form. The "Help" icon (a question mark in a circle) is circled in red. On the right side, there is a "Help - Revocation of Prior Rejection of Cover..." sidebar with "Instructions" and "Employer Information" sections.

A screenshot of the Virginia Workers' Compensation Commission website, showing the "Employer Information" section. The "Help" icon is circled in red. The "Employer Information" section is highlighted with a red oval. It includes fields for "Corporation/LLC Name", "Select Employer Type" (with radio buttons for Corporation and Limited Liability Company (LLC)), "VA State Corporation Commission ID No", "Employer Email", and "Officer/Manager Information".

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

A screenshot of the Virginia Workers' Compensation Commission website, showing the "Employer Information" section. The "Help" icon is circled in red. The "Employer Information" section is highlighted with a red oval. It includes fields for "Corporation/LLC Name", "Address", "Suite/Bldg", "City", "State", "Zip", and "Select Employer Type" (with radio buttons for Corporation and LLC). There is also a checkbox for "Override USPS address verification and save." and a "Business FEIN (Federal ID Number)" field.

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

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

Form 17A - Revocation of Prior Rejection of Coverage

Help

Important Message Submitter Information Employer Information Officer/Manager Information Verify 17A Form

### Officer/Manager Information

First Name \*

Middle Initial

Last Name \*

Suffix

Override USPS address verification and save.

Address \*

9. Click the “Next” button to continue to the “Verify 17A Form” section.
10. Review the submitted information.

Important Message Submitter Information Employer Information Officer/Manager Information Verify 17A Form

### Verify 17A Form

**Employer Information**

Corporation/LLC Name:  
Erie Ins Exchange

Address:  
11732 W BROAD ST

Suite/Bldg:

City: State: Zip:  
RICHMOND Virginia 23233-1005

**Select Employer Type \***

Corporation

11. Review the Terms and Conditions by clicking on the “Terms and Conditions” link in the bottom left hand corner.
12. After reviewing, check the box to accept the Terms and Conditions.
13. Enter signature and the date notice received by Employer.
14. 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.