



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

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

Form 17A - Revocation of Prior Rejection of Coverage

Important Message

Submitter Information

Employer Information

Officer/Manager Information

Verify 17A 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 takes over as default PDF viewer](#)

Instructions

The Revocation of Prior Rejection of Coverage Form (Form 17A) should be filed when an officer wishes to revoke the officer's prior rejection of coverage under the Workers' Compensation Act (Act) filed with the Commission. The executive officer that elects to revoke a prior rejection of coverage should understand that they are now electing to accept coverage under the provisions of the Act.

Dear Customer:

Please have the following information available 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 (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
- Email address of Employer and Officer for E-signature

Next

IMPORTANT



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

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- 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 at the top with four steps: 1. Submitter Information (highlighted), 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'.

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

- Submitter's Email ***: Input field with example text 'example: abc@xyz.com'.
- Confirm Email ***: Input field with example text 'example: abc@xyz.com'.
- Business FEIN (Federal ID Number) ***: Input field with example text 'example: 123456789'.
- Officer/Manager's SSN (last four digits required) ***: Input field.
- Check who is submitting this form ***: A section with three checkboxes: Employer, Officer / Manager, and Agent.
- Buttons**: 'Back' (disabled), 'Next' (disabled), 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. A red circle highlights the "Help" icon (a question mark) in the top left corner of the page.

A screenshot of the Virginia Workers' Compensation Commission website, showing the "Employer Information" section. A red circle highlights the "Help" icon in the top left corner. Another red circle highlights the "Employer Information" section on the right side of the page, which includes fields for "Corporation/LLC Name", "Select Employer Type", "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 section includes a "Help" icon in the top left corner. 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 "Employer Information" section includes the following fields: "Corporation/LLC Name *", "Address *", "Suite/Bldg", "City *", "State *", "Zip *", and "Select Employer Type *". The "Select Employer Type" section has two radio buttons: "Corporation" and "LLC". A red circle highlights the "Help" icon in the top left corner.

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.