

WebFile Guide for

# Claimants

How to Navigate through WebFile

# WELCOME



Welcome to the Virginia Workers' Compensation Commission's WebFile application.

The Commission created WebFile to assist its customers in easily accessing, viewing and managing their claim record.

This guide provides the information and instructions necessary for navigating this webbased claim management tool.

While the guide may be printed, it is recommended that the guide be utilized electronically due to updates and revisions.

Questions regarding WebFile processes should be directed to the Commission at 877-664-2566 or please visit <u>workcomp.virginia.gov/webfile/webfile-support</u> and complete a WebFile Support Request.

# TABLE OF CONTENTS

WebFile OVERVIEW	-
GENERAL FLOW OF A CLAIM	-
WebFile SECURITY	
USERNAMES	
PASSWORDS	
TWO-FACTOR AUTHENTICATION (2FA)	5
SYSTEM CLOCK SYNCHRONIZATION	6
ACCOUNT LOCK	
TIMEOUT FEATURE	
WebFile REGISTRATION	7
CHANGE PASSWORD	.13
FORGOT USERNAME	
PASSWORD RESET	
CHANGE EMAIL ADDRESS	-
FILING A CLAIM WITHOUT A JCN OR PIN	.22
ACCESSING A CLAIM	
PARTY DETAILS	
VIEW ELECTRONIC NOTIFICATIONS	-
CHANGE A NOTIFICATION STATUS	.30
NOTIFICATION VIEW CUSTOMIZATION	
DOCUMENT & FILINGS	-
DOCUMENT & FILINGS VIEW CUSTOMIZATION	
SUBMITTING A CLAIM FORM/REQUEST FOR HEARING	.34
SUBMIT WEB FORMS	-
UPLOADING DOCUMENTS TO A CLAIM	
MEDICAL RECORDS	
PAPERLESS OPTIONS	
ELECTING PAPERLESS	.44
OPT OUT OF PAPERLESS	-
WebFile SUPPORT	.46

# WebFile OVERVIEW

"Filing a Claim" in WebFile is an important responsibility for claimants. Filing is necessary to protect a claimant's rights under the Virginia Workers' Compensation Act.

With the access to WebFile, claimants can:

- ✓ View claim information and transaction history on a claim.
- ✓ Verify which claim administrator is handling their claim.
- ✓ File a Claim Form/Request for Hearing online.

#### **GENERAL FLOW OF A CLAIM**

Injury

Individual has experienced an injury in the workplace and/or individual has developed an illness related to a job in the workplace.

Make sure a medical professional has documented all affected areas related to work related injury or illness.

#### Notice of Injury to Employer

It is important to give immediate notice to your employer about your injury. If not done within thirty (30) days you may lose your rights to any workers' compensation benefits.

Employers are required to file a First Report of Injury within ten (10) days of having knowledge of any injury.

#### Claim Form

If you have not received an Award Order from the Commission, you must file a Claim Form within two (2) years of the accident to protect your rights.

Even if the claims administrator is paying you benefits, your rights are not protected unless you have an Award order from the Commission.

#### **Notification of Rights**

Once the Commission receives the First Report of Injury from the employer, the Commission will send the injured worker information about their rights and responsibilities.

#### Notice of Award Order

If the claims administrator accepts the claim, an Award Agreement is sent to the injured worker. Once signed by all parties the agreement must be filed with the Commission.

The Commission will enter an Award Order which protects the injured worker's rights.

#### **Request for Hearing**

When filing a Claim Form the injured worker is free to pursue a claim through the Virginia Workers' Compensation hearing process.

The injured worker should indicate the benefits sought and request a hearing.

# WebFile SECURITY

# The WebFile system uses a variety of security protocols to help ensure that case records remain confidential. A key component of this structure (which governs access rights) is username and password.

#### USERNAMES

All WebFile users will have individual usernames. The username cannot be changed after the registration and activation process is complete.

Username Criteria

- $\checkmark$  Username has a minimum length of 6.
- ✓ Username has a maximum length of 50.
- $\checkmark$  Username cannot be an existing username of another user.
  - The user should receive a "Username already exists" message if they entered a taken username.
- ✓ Username may have any of the following characters
  - o Letters
  - o Digits
  - Allowed special characters (i.e., @, #).

#### PASSWORDS

All users are required to use a password along with the username. The initial password will be set up by the Commission. The user will then set up a new password at the time of registration.

Password Criteria

- $\checkmark$  May not be any previous 24 passwords.
- If the password has been updated within the last 24 hours (excluding temporary passwords created by admins), do not allow the user to proceed.
- $\checkmark$  Minimum 8 characters.
- $\checkmark$  At least one special character (i.e., @, #).
- ✓ At least one digit.
- ✓ At least one lowercase character.
- ✓ Password may not be the same their e-mail.
- ✓ Password may not be the same as their username.

#### **TWO-FACTOR AUTHENTICATION (2FA)**

2FA is used to help secure stakeholder accounts from the growing number of cyber threats. It will require WebFile users to provide two different forms of identification before accessing the application.

#### What to expect from 2FA:

- Easy Setup: Log in or register your WebFile account. The first factor is entering the current WebFile username and password. After entering the correct password, WebFile will then prompt the user for a second form of verification as the second factor of authentication. This is a six-digit code sent to the user's email address registered with the WebFile account.
- Enhanced Security: 2FA reduces the risk of unauthorized access, giving important documents and systems greater security from cyber threats.
- Remember Me Feature: 2FA remembers your browser on your device for 30 days. This means users using the same device and browser won't be prompted for 2FA until after 30 days provided the user doesn't clear the cache on their browser.

#### Steps to Login to WebFile with 2FA are as follows:

Enter your username and password. See Change Password for more details.

An email will be sent to the address indicated which contains a one-time two factor authentication code. This code will expire in 5 minutes. The email could also be in a spam or junk folder.



Enter your 6-digit access code in WebFile as shown below.

<ul> <li>Two-Factor Authentication</li> <li>An access code has been sent to your e-mail address.</li> <li>Enter your 6-digit access code</li> </ul>	Two-Factor Authentication An access code has been sent to your e-mail address. Enter your 6-digit access code
Remember me for 30 days	520988
Submit > Resend Code Cancel	Submit > Resend Code Cancel

#### SYSTEM CLOCK SYNCHRONIZATION

WebFile requires users' PC/device clocks to be synchronized closely with the correct time. If you experience issues with accessing WebFile after login, please do the following:

- Compare the clock on the PC/device you are attempting to access WebFile with to another device with a reliable time, such as a mobile phone. If the clock is off, please adjust it manually or work with your IT team to make the necessary adjustments and try to access WebFile again.
- 2. If the clock is showing the correct time and you are having other issues, please complete a <u>WebFile Support Request</u>.

#### ACCOUNT LOCK

After three failed login attempts, the user will enter a "cool-down" time before they can attempt to log into WebFile again.

#### TIMEOUT FEATURE

The system has been set up with a 45-minute timeout feature. If there is no activity within 45 minutes, the user will receive a message notifying them that they will need to extend the session in WebFile to continue their session.

#### **IMPORTANT**

Entering data is still viewed by the system as being idle—users who take longer than 45 minutes to submit data or to conduct other transactions will be automatically logged off of the system, and all information not saved or submitted will be lost.

# WebFile REGISTRATION

This section covers the online registration within WebFile as the claimant.



### STEPS TO COMPLETE

1. Go to the WebFile website at:

webfile.workcomp.virginia.gov/.

# 

#### WebFile Login Interface

2. Select the "Create Claimant Account" button.



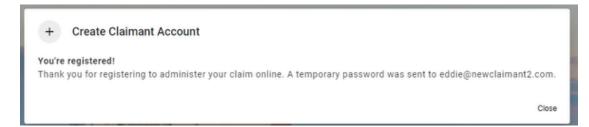
3. Enter a valid email address and first, middle and last name.

+ Create Claimant Account	
ONLY complete registration here if you are an Injured Worker/Claimant. By creating an account you will not have access to any claim information until a PIN is entered. Upon completing this page, you will be e-mailed a temporary password. Return to this page and log in using the Email Address provided and temporary password to complete registration. Once registration is complete, you will be able to View your claim(s) using the PIN mailed to you.	
Emal*	
First Name*	
Middle Name	
Last Name*	
I am an Injured Worker/Claimant I accept Terms and Conditions	
Register Con	10

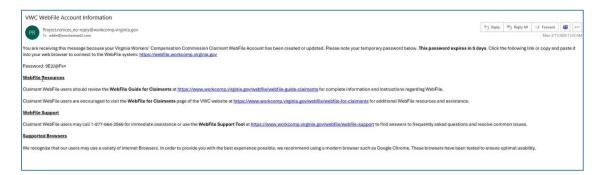
- 4. Check the box if indicating you are an injured worker/claimant.
- 5. Review the Terms and Conditions by clicking on the link.
- 6. Check the box to accept the Terms and Conditions.
- 7. Click the "Register" button to complete this first step.



8. A confirmation message will appear.



9. An email will be sent to the address indicated which contains a temporary password. This password will expire in 5 days. The email could also be in a spam or junk folder.



- 10. Once you have received the temporary password email, go to the WebFile website.
- 11. Click the "Login" button.



12. Since this is the first time logging into WebFile, enter the registered email address (as your username) and the temporary password.

By logging in you agree to the below WebFile is a Commonwealth of Virginia info WebFile usage may be monitored, recorded audit consistent with privacy accommodati use of WebFile is prohibited and subject to penalties. Use of WebFile indicates consen recording.	I, and subject to ons. Unauthorized criminal and civil t to monitoring and
See WebFile Terms and Conditions for mor	e information.
See WebFile Terms and Conditions for mor Username* eddie@newclaimant2.com	e information.



#### **QUICK TIPS**

You can still create an account and file a claim even if your injury has not been reported and you do not have a Jurisdiction Claim Number (JCN) or PIN.

13. An email will be sent to the address indicated which contains a one-time two factor authentification code. This code will expire in 5 minutes. The email could also be in a spam or junk folder.



14. Enter your 6-digit access code in WebFile as shown below.

Two-Factor Authentication An access code has been sent to your e-mail address. Enter your 6-digit access code	Two-Factor Authentication An access code has been sent to your e-mail address. Enter your 6-digit access code           520988
Remember me for 30 days      Submit     Resend Code Cancel	Remember me for 30 days      Submit      Resend Code Cancel

For more information, see <u>Two-factor authentication (2FA)</u>.

- 15. The current password on this screen is the temporary password that was just sent. Create a new password based on the following criteria:
  - $\checkmark$  May not be any previous 24 passwords.
  - If the password has been updated within the last 24 hours (excluding temporary passwords created by admins), do not allow the user to proceed.
  - ✓ Minimum 8 characters.
  - $\checkmark$  At least one special character (i.e., @, #).
  - ✓ At least one digit.
  - $\checkmark$  At least one lowercase character.
  - ✓ Password may not be the same their e-mail.
  - $\checkmark$  Password may not be the same as their username.

😐 Update Password	😬 Update Password
You need to change your password to activate your account.	You need to change your password to activate your account.
Password*	Password*
Confirm Password*	Confirm Password*
Sign out from other devices	✓ Sign out from other devices
Update Password Requirements	Update Password Requirements

- 16. Create a username based on the following criteria:
  - $\checkmark$  Username has a minimum length of 6.
  - $\checkmark$  Username has a maximum length of 50.
  - ✓ Username cannot be an existing username of another user.
    - The user should receive a "Username already exists" message if they entered a taken username.
  - ✓ Username may have any of the following characters
    - $\circ$  Letters
    - o Digits
    - Allowed special characters (i.e., @, #).
- 17. Click "Submit" to complete your registration.

:	Update Username
A use	rname must be between 6 and 50 characters. It may contain <b>s, numbers, @</b> , <b>+</b> , _ , .
	<sup>name*</sup> lie@newclaimant2.com
Sub	mit
Sub	

18. You can now log into WebFile with the new username and password.

# CHANGE PASSWORD

This section covers changing a password after a profile has been created.



#### **BEFORE YOU GET STARTED**

Remember the WebFile Password Criteria:

- ✓ May not be any previous 24 passwords.
- ✓ If the password has been updated within the last 24 hours (excluding temporary passwords created by admins), do not allow the user to proceed.
- ✓ *Minimum* 8 characters.
- ✓ At least one special character (i.e., @, #).
- $\checkmark$  At least one digit.
- ✓ At least one lowercase character.
- ✓ Password may not be the same their e-mail.
- ✓ Password may not be the same as their username.



1. Go to the WebFile website at:

webfile.workcomp.virginia.gov

- 2. Enter username and password.
- 3. Click the "Login" button.

#### WebFile Home Interface

TION COLUMN A				kim.fresh@rocketmail.co
★ Getting Started	My Claims			
lebFile allows injured workers to access their claims online.	JON	Injury Date	Rights Asserted	
ou must first link a claim to your account by completing the ssociate a New Claim form on this page.	VA00000012549	12/03/2008	Yes	
ou will need: Jurisdiction Claim Number (JCN), Injured lorker's Last Name. Injury Date, and PIN for the claim.	VA00000012548	12/03/2008	Yes	
ou can find this information on the Notification of Injury	VA00000012563	12/03/2008	Yes	
nd Claimant <u>PIN</u> for WebFile letters that you received eparately from the Commission.	VA00000012573	12/03/2008	Yes	
nce you have associated your claim with your account, you	VA00000012574	12/03/2008	Yes	
ill be able to access it in the My Claims section on this age. Please be sure to submit a Claim Form for your claim order to ensure that your rights are protected under the irginia Workers' Compensation Act.	VA00000012579	12/03/2008	Yes	
he Claim Form form can be found under the Submit Claim orm/Request for Hearing tab under the Claim Summary r your specific claim. If you have not yet received a obfication of Iniury letter from the Commission, then you				

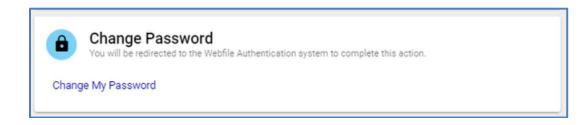
4. Click the menu dropdown ( $\equiv$ ) in the top right and select "Manage Profile."



#### Manage Profile Interface

A Commonwealth of Virginia We	bsite Virginia.gov   Find an Agency
	(ERS' COMPENSATION COMMISSION (*) $\equiv$
Manage Profile	kim.fresh@rocketmail.com 🞜
Current E-mail: kim.fresh@rocketmail.com Current Password *	<ul> <li>Correspondence Preferences @</li> <li>Select the Paperless Option to turn off receipt of physically mailed copies of documents. You will be notified by email when new documents are filed to a claim, and all documents will be accessible via WebFile. Please note that you may only change this option once per day.</li> <li>Receive printed notifications via mail</li> <li>Receive paperless notifications via email</li> <li>Update Correspondence Preferences</li> </ul>
Change Password	

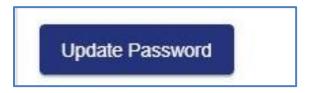
- 5. Go to the "Change Password" section.
- 6. Click the "Change My Password" link.



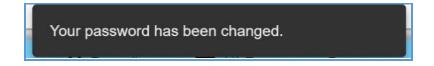
7. Enter your current password and confirm the new password.

•••• Update Password
A You need to change your password.
Current Password*
Password*
Confirm Password*
✓ Sign out from other devices
Update Password Password Requirements

8. Click the "Update Password" button.



9. A confirmation message will appear.



Questions regarding WebFile processes should be directed to the Commission at 877-664-2566 or please visit <u>workcomp.virginia.gov/webfile/webfile-support</u> and complete a WebFile Support Request.

# FORGOT USERNAME

This section covers how to retrieve a forgotten username.

# STEPS TO COMPLETE

n No

On the log in screen, you have the option to retrieve your WebFile username.

1. Click on the "Forgot Username" link.

🕶 Login	
<b>By logging in you agree to the below</b> WebFile is a Commonwealth of Virginia information system WebFile usage may be monitored, recorded, and subject to audit consistent with privacy accommodations. Unauthorit use of WebFile is prohibited and subject to criminal and cir penalties. Use of WebFile indicates consent to monitoring recording. See <u>WebFile Terms and Conditions</u> for more information.	zed vil
Too many invalid attempts. Try again later.	
Usemame* vwcclaimant@hotmail.com	0
Password*	
Required Field	
Login Forgot Username	브

2. Enter your email address and click the "Submit" button.

:	Forgot Username
Ema	il*
Sub	mit Back to Login

- 3.
- A confirmation message will appear and an email will be sent. Retrieve the email from <u>notices\_no-reply@workcomp.virginia.gov</u> containing your 4. username.

# PASSWORD RESET

This section covers how to reset a password.



#### **BEFORE YOU GET STARTED**

Remember the WebFile Password Criteria:

- ✓ May not be any previous 24 passwords.
- ✓ If the password has been updated within the last 24 hours (excluding temporary passwords created by admins), do not allow the user to proceed.
- ✓ Minimum 8 characters.
- ✓ At least one special character (i.e., @, #).
- ✓ At least one digit.
- ✓ At least one lowercase character.
- ✓ Password may not be the same their e-mail.
- ✓ Password may not be the same as their username.



On the log in screen, you have the option to request a new password.

1. Click on the "Forgot Password" link.

<ul> <li>Login</li> <li>By logging in you agree to the below</li> <li>WebFile is a Commonwealth of Virginia information system. WebFile usage may be monitored, recorded, and subject to audit consistent with privacy accommodations. Unauthorized use of WebFile is prohibited and subject to criminal and civil penalties. Use of WebFile indicates consent to monitoring and recording.</li> <li>See WebFile Terms and Conditions for more information.</li> </ul>	
Too many invalid attempts. Try again later.   Username*   Password*   Login    Forgot Pasaword<	Reset your password using this link

2. Enter your username and click the "Submit" button.

ô	Forgot Your Password?
Use	ername*
Sub	mit Back to Login

- 3. A confirmation message will appear and an email will be sent.
- 4. Retrieve the email from <u>notices\_no-reply@workcomp.virginia.gov</u> containing a link to reset your current password. This link will expire in 15 minutes. The email could also be in a spam or junk folder.
- 5. Upon clicking the email link, you will be required to create a new permanent password as outlined in <u>Change Password</u>.

# CHANGE EMAIL ADDRESS

This section covers changing an email address after a profile has been created.



#### **STEPS TO COMPLETE**

- 1. Click the menu dropdown in the top right and select "Manage Profile."
- 2. Go to the "Change Email Address" section.
- 3. Enter the current password.
- 4. Enter and confirm the new email address.
- 5. Click the "Update Email" button.

Current E-mail: kim.fresh@rocketmail.com Current Password *  New E-mail * newemail@gmail.com Confirm New E-mail * newemail@gmail.com	Change Email Address	
New E-mail * newemail@gmail.com Confirm New E-mail *	Current E-mail: kim.fresh@rocketmail.com	
New E-mail * Confirm New E-mail *	Current Password *	6
newemail@gmail.com Confirm New E-mail *		¢.
Confirm New E-mail *	New E-mail *	
	newemail@gmail.com	
newemail@gmail.com	Confirm New E-mail *	
	newemail@gmail.com	
	Update Email	
Update Email		

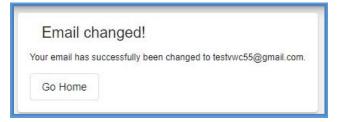
6. A confirmation message will appear and will provide instructions to complete the email change.



- 7. Open the email from <a href="webfile.support@workcomp.virginia.gov">webfile.support@workcomp.virginia.gov</a> with a subject of "VWC WebFile Email Address Activation."
- 8. Click the "Activate New Email" link.



9. Access WebFile and verify that the email address has changed.



Questions regarding WebFile processes should be directed to the Commission at 877-664-2566 or please visit <u>workcomp.virginia.gov/webfile/webfile-support</u> and complete a WebFile Support Request.

# FILING A CLAIM WITHOUT A JCN OR PIN

This section covers the procedure for filing a claim before receiving a Jurisdiction Claim Number (JCN) or Personal Identification Number (PIN).



#### **BEFORE YOU GET STARTED**

Once your injury has been reported you will then receive correspondence that references your JCN and PIN.

Once the Commission creates a JCN you will receive these two letters:



#### **Notification of Injury**

This letter contains the Jurisdiction Claim number (JCN) assigned to the claim and also lists the Injury Date.



#### **Claimant PIN for WebFile**

This letter contains a Personal Identification Number (PIN) a claimant will use to access the claim record within WebFile.

Both letters are necessary to validate claimant access to WebFile.

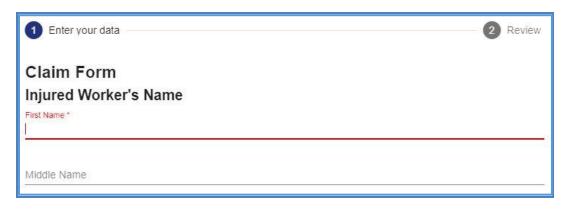


#### **STEPS TO COMPLETE**

- 1. Go to the WebFile website at: <u>webfile.workcomp.virginia.gov</u>.
- 2. Navigate to the "Getting Started" section.
- 3. Click the "Claim for Benefits page" hyperlink.

VIRGINIA WORKER	S' COMPENSATION	1 COMMISSION		kim.fresh@rocketmail.
★ Getting Started	My Claims			
WebFile allows injured workers to access their claims online. You must first link a claim to your account by completing the	JCN	Injury Date	Rights Asserted	
Associate a New Claim form on this page.	VA00000012549	12/03/2008	Yes	
You will need: Jurisdiction Claim Number (JCN), Injured Worker's Last Name, Injury Date, and <u>PIN</u> for the claim,	VA00000012548	12/03/2008	Yes	
You can find this information on the Notification of Injury	VA00000012563	12/03/2008	Yes	
and Claimant PIN for WebFile letters that you received separately from the Commission.	VA00000012573	12/03/2008	Yes	
Once you have associated your claim with your account, you	VA00000012574	12/03/2008	Yes	
will be able to access it in the My Claims section on this page. Please be sure to submit a Claim Form for your claim in order to ensure that your rights are protected under the Virginia Workers' Compensation Act.	VA00000012579	12/03/2008	Yes	
The Claim Form form can be found under the Submit Claim FormRequest for Hearing tab under the Claim Summary for your specific claim. If you have not yet received a Notification of Injury letter from the Commission, then you can submit a Claim Form for a new claim by accessing the Claim for Benefits page.	Associate A New 0			

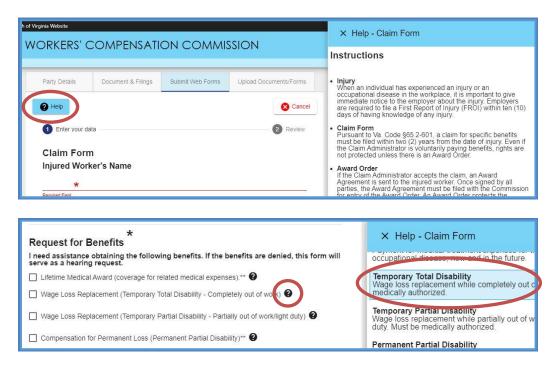
4. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.





# QUICK TIPS

Click the Help icon ( 2) to find additional information on how to complete a chosen Web Form.



5. Attach supporting PDF documents.

Note: Keep in mind that the total size of PDF attachments cannot exceed 15 MB.

- 6. Click the "Next" button.
- 7. Review the content of the Web Form.

- 8. Read the "Disclosure & Agreement" statement and click the check box to accept.
- 9. Click the "Submit Form" button.

Disclos	ure & Agreement	
	icating that the information is correct to the best of my knowledge and that I wish to file the record Commission           Submit Form	
		h

10. Review the success message generated by the system.

**Note:** A Notification of Injury and Claimant PIN for WebFile letter will be mailed out by the Commission after the successful form submission.

- The Notification of Injury letter contains the Jurisdiction Claim number (JCN) assigned to the claim and also lists the injury date.
- The Claimant PIN for WebFile letter contains a Personal Identification Number (PIN) which a claimant will use to access the claim record within WebFile.

# ACCESSING A CLAIM

This section covers the procedure for gaining access to your claim information through WebFile. Claims with injury dates prior to *October 1, 2008* are not viewable in WebFile.



#### **BEFORE YOU GET STARTED**

An injured worker will receive two letters from the Commission after a claim is established.



#### **Notification of Injury**

This letter contains the Jurisdiction Claim number (JCN) assigned to the claim and also lists the Injury Date.



#### **Claimant PIN for WebFile**

This letter contains a Personal Identification Number (PIN) a claimant will use to access the claim record within WebFile.

Both letters are necessary to validate claimant access to WebFile.



#### **STEPS TO COMPLETE**

- 1. Go to the WebFile website at: <u>webfile.workcomp.virginia.gov</u>.
- 2. Enter username and password.
- 3. Click the "Login" button.
- 4. Navigate to the bottom right of the screen to the "Associate a New Claim" section.

+ Associate A New Claim	
PIN *	
Jurisdiction Claim Number *	
Last Name *	
Injury Date *	Ċ
Add	

- 5. If this is the first time a claim has been added to WebFile, enter the following information:
  - a. Personal Identification Number (PIN)
  - b. Jurisdiction Claim Number (JCN)
  - c. Last Name
  - d. Injury Date
- 6. Click the "Add" button.

12345	
Jurisdiction Claim Number *	
VA00000012549	
Last Name T	
Last Name	
njury Date *	
4/1/2019	

- 7. After the above information has been validated, a JCN link will be visible under the "My Claims" section.
- 8. Click the JCN link to open the claim.



9. Review the information available.

TION COMPANY			kim.fresh@rocketn
Kim Fresh Fresh	Party Details Document & Filings	Submit Web Forms Upload Documents/Form	ns
mployee Green Card:	Claimant	Employer	Claim Administrator
37204711	Kim Fresh	Seasons Restaurant	CHAP ADMINS INC
laim Administration Claim Number.	Employee Green Card	FEIN	Claim Administrator FEIN
W103	837204711	928605309	867530906
ate of Injury:	Date Of Birth	Policy Number	Adjuster Name
2/03/2008	116654400000	ABZ1131	No Adjuster Specified
laim Type:	Gender	Mailing Address 🖥	Address S
ost Time/Indemnity	Male	1618 Main St	8402 Old Keene Mill Rd
mployer: easons Restaurant	Address	Clifton Forge, 24422-1904	8402 Old Keene Mill Rd Springfield, Virginia 22152-2302 United States
isurer: rank's Insurance Co	Glen Allen, 23059-4529		

# PARTY DETAILS

#### The Party Details tab is the default view and is pre-selected.

A Commonwealth of Virginia We	beite		<u>Virginia.gov</u> Find an Agenc	
	ERS' COMPENSATION COMMIS	sion		
Claim Summary			kim.fresh@rocketmail.com #	
Kim Fresh	Party Details Document & Filings	Submit Web Forms Upload Documents/Forms		
Employee Green Card: 837204711	Claimant Km Fresh: Ø	Claimant's Attorney (Primary) Darcy Madison	Claimant's Attorney (Primary) Manny Louis	
Claim Administration Claim Number: EWI03	Employee Green Card 837204711	Law Firm WebFile Law Firm	Law Firm WebFile Law Firm	
Date of Injury: 12/03/2008	Date Of Birth 09/12/1973	FEIN 724349000	FEIN 724349666	
Claim Type: Lost Time/Indemnity	Gender Male	Attorney's Email daroymadison749@yahoo.com	Attorney's Email	
Employer Seasons Restaurant Insurer: CHESTER INS CO	Address 6980 Brook Rd Glen Allen, Virginis 23056-4529 Uniced States	Address 1000 Dmy 0r Richmond, Vrginia 23220-2038 United States	Phone 5559896	
Claim Status Overview			Address 1000 Dmv Dr Richmand, Virginia 23220-2036 United States	
Claim Denied by Insurer	Employer Sessons Restaurant	Employer's Attorney (Primary) Darcy Madison	Employer's Attorney Paulina Febrinski	
Payments Reported	FEIN 928605309	Law Firm WebFile Law Firm	Law Firm WebFile Law Firm	
Average Weekly Wage:	Policy Number ABZ1131	FEIN 724349668	FEIN 724349888	
Award Entered by Commission	Mailing Address 1618 Main St Ciffor Frome Virninia 24422,1904	Attorney's Email 🌇 darcymadison749@yahoo.com	Attorney's Email 🛍 paulinafebrinsk@ymail.com	
Incident Details     VAC0000012874	Cithon Forge, Virginia 24422-1004 United Statles	Address 1000 Drw. Dr Richmond, Vignia 23220-2036	Phone 8045557412	

#### Party Details Interface

The chart below lists information available to claimants within the "Party Details" tab.

Incident Details	General information regarding the reported incident such as dates, description and location.
Claimant	The party who sustained an injury or occupational disease on the job.
Employer	The person or entity with control over your work activities.
Claim Administrator	The organization responsible for administering a workers' compensation claims.
Insurance Carrier Designated Represenative	Each insurance carrier licensed to write workers' compensation coverage in the Commonwealth of Virginia, each employer certified as a self-insurer by the Virginia Workers' Compensation Commission, and each group association licensed as a self-insurer by the State Corporation Commission is hereby ordered to designate and maintain a representative in Virginia.
Insurance Carrier	A company licensed to write workers' compensation coverage in Virginia.
Additional Parties	Parties to a claim include the injured worker, employer, carrier, claim administrator, and attorneys of record for the injured worker, employer, or carrier. Typically, family members are not considered a party to the claim unless the Commission has authorization from the injured worker. This may also include health care providers who have filed a claim, and their attorneys of record.

\*Attorneys that represent both Employer and Insurance Carrier are listed under the "Claim Administrator" section.

# VIEW ELECTRONIC NOTIFICATIONS

#### This section covers the steps for viewing the summary of electronic notifications.



### **STEPS TO COMPLETE**

1. View email announcing electronic notification.

#### **Email Inbox View**

🔲 😭 WebFile Support	New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN	11:29 am
🔲 😭 WebFile Support (5)	New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN	Oct 24
🗄 🔲 😭 WebFile Support	New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN	Oct 23

#### **Individual Email View**



- 2. Click the link in your email from WebFile Support to view the new notification.
- 3. Log in to WebFile.



#### **BEFORE YOU GET STARTED**



#### **Notification Icon**

This icon is where all notifications for your claims are housed.



#### **New Notification Icon**

This icon indicates you have a new notification.

4. Click the alert icon ( if the notifications are old, if the notifications are new) in the top right.



#### Notifications Interface

A Commonwealth of Virginia Website	s' compensation	COMMISSION	×	N	otifications		↓ Newes
	S COMI ENGATION	COMINISSION			Filter	JCN	=
Getting Started	My Claims				Letter From Claimant 5/6/19, 1:46 PM		×
( Sound Stands				VA00000012549 ( Kim Fresh 👳 )			2
WebFile allows injured workers to access their claims online You must first link a claim to your account by completing the Associate a New Claim form on this page		Indury Date	$\simeq$	WebFile (	Claimant PIN Noti	fication	×
	V300000012549	12/03/2008		VA05568121025 (JOHN_TEST_PETERS = )			
You will need. Jurisdiction Claim Number (JCN), Injured Worker's Last Name, Injury Date, and PIN for the claim.	V40000012548	12/03/2008	$\sim$		VebFile Claimant PIN Notification /3/19 12:15 PM		×
You can find this information on the Notification of Injury	VA00000012563	12/03/2008				TEST_PETERS 👳 )	
and Claimant <u>PIN</u> for WebFile letters that you received separately from the Commission. Once you have associated your claim with your account, you will be able to access it in the My Claims section on this space. Please be sure to submit a Claim Form for your claim.	VA00000012573	12/03/2008		WebFile Claimant PIN Notification		×	
	V10000012574	12/03/2008	-	■ 4/19/19, 9:57 AM VA00194180934 ( UAT_TEST_SIXPOINTEIGHT = )			
	VA00000012579	12/63/2068	-	WebFile Claimant PIN Notification 4/19/19, 9:57 AM		×	
in order to ensure that your rights are protected under the Virginia Workers' Compensation Act.	VA00000163025	03/03/2012	$\simeq$				
The Claim Form form can be found under the Submit Claim Form/Request for Hearing tab under the Claim Summary	DM/v0123450789	03/29/2008		Wootfetradda (UMTEST_SXPCINTEIGHT Ţr)           Pri-Harry Statement Response           Jarristin 1:10 PH           DMV0123465789 (JOEY_TEST_SLOWY Ţr)           Prima Result For Hearing           Jurins (10 34 AM           W00002364 (Kin Friesh Ţr)			
for your specific claim. If you have not yet received a Notification of injury lefter from the Commission, then you	VA02000002535	00/06/2013	Por				×
can submit a Claim Form for a new claim by accessing the Claim for Benefits page	R130830012700	03/26/2000				M	
Claim for benefits page	R131112013000	03/26/2000	100				×
	VA0000008790	12/03/2008				sh 👳 )	
	VR02000003114		1901	Request For Hearing 1/2/19, 2:14 PM VA00000012563 ( Km Fresh 👳 )		×	
	Z150623102131	03/26/2008				sh 👳 )	
	2150623145024	03/26/2008	1		For Hearing		×
	5130103053258	03/26/2008		11/6/18, 9	9:16 AM		

# QUICK TIPS

The Notifications Interface contains the list of all notifications received over the past two years.

- 5. Review the list of notifications.
  - a. Click on the document type to view a document
  - b. Click the Jurisdiction Claim Number link to view the claim associated with the notification.



#### **CHANGE A NOTIFICATION STATUS**

Once a notification is viewed, the system automatically changes it to "Read" status. The status can be changed to "Unread" or "Archive" at any time.

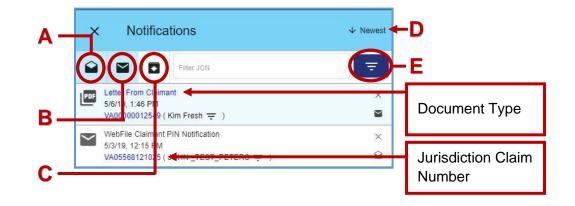
Options to change the status:

- a. Clicking the "x" icon will "archive" the notification.
- b. Clicking the unopened mail icon ( <sup>▶</sup>) will mark the notification as "read."
- c. Clicking the opened mail icon ( ) will mark the notification as "unread."



## QUICK TIPS

As the list of notifications grows over time, users are encouraged to use the archived folder option. Click the "x" icon to the right of the notification you wish to archive. NOTIFICATION VIEW CUSTOMIZATION Here are some options that may make it easier to view notifications.



- A. View Read ( ): Clicking the "View Read" toggle with display only "read" notifications.
- B. View Unread ( ): Clicking the "View Unread" toggle with display only "unread" notifications.
- C. View Archived ( **S**): Clicking the "View Archived" toggle with display only "archived" notifications.
- D. Sort Button (  $\clubsuit$  ): displays events in ascending or descending order.
- E. Filters ( = ): Typing in the "Filter JCN" field can be used to display certain notifications on the claim associated with the JCN searched.



#### **QUICK TIPS**

Multiple toggles can be selected at once. To return to the standard view, be sure to unselect all toggles.

# **DOCUMENT & FILINGS**

The "Document & Filings" tab allows claimants to view documents and upload filings associated with a claim.



#### **STEPS TO COMPLETE**

- 1. Log in to WebFile.
- 2. Navigate to the "My Claims" section.

TION COMPANY			kim fra	sh@rocketmail.com
★ Getting Started	My Claims			
lebFile allows injured workers to access their claims online.	JCN	Injury Date	Rights Asserted	
You must first link a claim to your account by completing the Associate a New Claim form on this page.	VA00000012549	12/03/2008	Yes	
ou will need: Jurisdiction Claim Number (JCN), Injured lorker's Last Name, Injury Date, and PIN for the claim.	VA00000012548	12/03/2008	Yes	
You can find this information on the Notification of Injury and Claimant PIN for WebFile letters that you received separately from the Commission.	VA00000012563	12/03/2008	Yes	
	VA00000012573	12/03/2008	Yes	
Once you have associated your claim with your account, you will be able to access it in the My Claims section on this page. Please be sure to submit a Claim Form for your claim in order to ensure that your rights are protected under the Virinia Worker's Compensation Act.	VA00000012574	12/03/2008	Yes	
	VA00000012579	12/03/2008	Yes	
he Claim Form form can be found under the Submit Claim orm/Request for Hearing tab under the Claim Summary				

- 3. Click on the desired JCN.
- 4. Select the "Document & Filings" tab.

Pa	rty Details	Document & Filings	Submit Web For	ms Up	bload Documents	/Forms		
							0 act	ive filters \Xi
Bun	dle			Group By		Des	cending	Expand All
~	Work Event Description		Recipient				Source	Date Filed Service Date
Y	Letter From Claima	nt (Images: 1)						05/06/2019
~	Request For Hearin	ng (Images: 4)						03/26/2018
~	Request For Hearin	ng (Images: 1)						03/22/2018
~	Assertion Of Rights	(Images: 1)						06/19/2015
~	Acknowledgment of	f Filing - Claimant (Images: 3)						06/19/2015
~	Acknowledgment of	f Filing (Images: 7)						06/19/2015
~	Request For Hearin	ng (Images: 1)						03/10/2014
~	Claim for COLA Re	jected - Combined (Images: 19)						12/03/2013

#### **DOCUMENT & FILINGS VIEW CUSTOMIZATION**

Here are some options that may make it easier to view documents and filings.

A +				0 act	tive filters \Xi 🗲
Bundle			Work Event & Date Filed	Descending	Expand All
Work Event Description		Recipient	Recipent	Source	Date Filed Service Date
✓ Letter From Claim	ant (Images: 1)		Source		05/06/2019
✓ Request For Hearing	ing (Images: 4)		Service Date		03/26/2018
<ul> <li>Request For Hearing</li> </ul>	ing (Images: 1)		$\checkmark$		G 03/22/2018
Request For Hearing Claim for Benefits / Request for Hearing				Web	03/22/2018 03/22/2018
<ul> <li>Assertion Of Right</li> </ul>	s (Images: 1)				06/19/2015

- A. Bundle Button: creates a PDF combining all selected work events.
- B. Check Toggle: select/deselect a work event.
- C. Check/Uncheck All Toggle: selects/deselects all work events.
- D. **Expand:** displays the selected work event details.
- E. Filter Button (=): displays fields that can be used to narrow view details.

Filter	Interfac	e

		0 active filters \Xi
Work Event	Recipient	
Description	Service Date (Before)	Ē
Service Date (On)	Service Date (After)	1
Date Filed (Before)	Date Filed (After)	
		Apply Clear

- F. Expand/Collapse All Button: displays all work event details.
- G. Sort Button: displays events in ascending or descending order.
- H. Group By Button: displays the selected work event details.

# SUBMITTING A CLAIM FORM/REQUEST FOR HEARING

This section covers the online submission of the Claim Form. The injured worker should submit a Claim Form to the Commission as soon as possible. If you are requesting a hearing, you must file medical reports supporting your request with the Commission.

#### **IMPORTANT**

Even if you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you should file a claim with the VWC to protect your right to benefits under Virginia Law.



#### **STEPS TO COMPLETE**

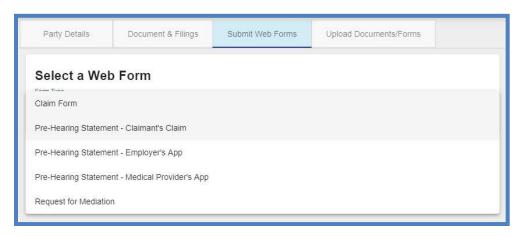
- 1. Log in to WebFile.
- 2. Navigate to the "My Claims" section. Notice that the JCN does not have a Claim for Benefits associated and there is an alert message.

My Claims			
You have not asserted y JCN	our rights on one or more of the below cla	aims! To file a Claim For Benefits, click the "	Assert" link.
VA00194180934	04/01/2019	No (Assert)	
VA05568121025	03/26/2017	No (Assert)	
VA00000012549	12/03/2008	Yes	

3. If an injury has been reported to the Commission, initiate a Claim Form submission by clicking on the "Assert" link in the "My Claims" section.

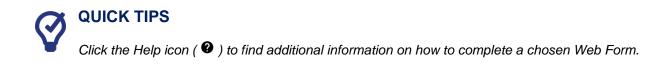
VA00194180934	04/01/2019	No (Assert)
VA05568121025	03/26/2017	No (Assert)

4. Choose "Claim Form" from the "Submit Web Forms" tab.



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

P Help	Cance
1 Enter your data	2 Review
Claim Form	
Injured Worker's Name	
First Name *	
Kim	
Middle Name	
L	
Last Name *	
Fresh	
Suffix (Sr, Jr, etc)	



6. Attach supporting non-encrypted PDF documents.

Note: Keep in mind that the total size of PDF attachments cannot exceed 15 MB.

7. Click the "Next" button.

Supporting Documents
You can attach documents that support your request here. Your request will be processed more quickly if you attach them now. If you are unable to attach them now, please go ahead and file your claim and mail the supporting documents to the Commission at 333 E Franklin St, Richmond, VA 23219, and write your Jurisdiction Claim Number or JCN, on the top of the first page. Please contact the Commission at 877-664-2566 if you need assistance.
Supporting documents may include medical treatment records, work excuse slips, and job search lists if you are partially disabled. Please do not submit billing records or doctors invoices.
VA00000012549 Request For Hearing.pdf
Choose a non-encrypted PDF
Upload PDF
Choose a non-encrypted PDF
Upload PDF
Choose a non-encrypted PDF
Upload PDF
Choose a non-encrypted PDF
Upload PDF
Choose a non-encrypted PDF
Next

- 8. Review the content of the Claim Form.
- 9. Click the Disclosure & Agreement Form box.
- 10. Click the "Submit" button.



11. Confirmation note will be displayed.



# SUBMIT WEB FORMS

This section covers the process for submitting a new filing via a Web Form. This filing creates and posts a new PDF document to the record.



## **STEPS TO COMPLETE**

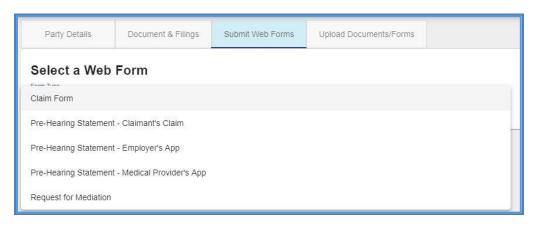
- 1. Log in to WebFile.
- 2. Navigate to the "My Claims" section.
- 3. Click on the desired JCN.

My Claims		
JCN	Injury Date	Rights Asserted
VA0000012549	12/03/2008	Yes

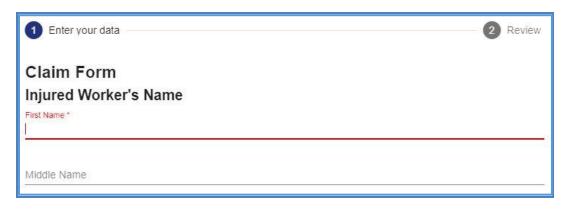
4. Select the "Submit Web Forms" tab.

Party Details	Document & Filings	Submit Web Forms	Upload Documents/Forms	
Select a We	b Form			
Form Type				*

5. Choose the Web Form from the drop down menu.



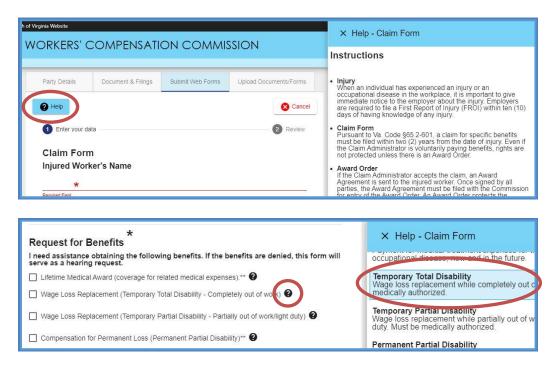
6. Complete the blank fields and make sure all required fields marked with an asterisk (\*) are complete.





# QUICK TIPS

Click the Help icon ( 2) to find additional information on how to complete a chosen Web Form.



7. Attach supporting PDF documents.

Note: Keep in mind that the total size of PDF attachments cannot exceed 15 MB.

- 8. Click the "Next" button.
- 9. Review the content of the Web Form.

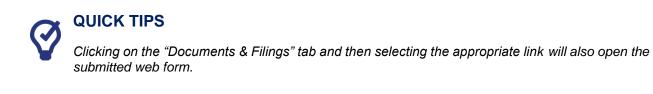
- 10. Read the "Disclosure & Agreement" statement and click the check box to accept.
- 11. Click the "Submit Form" button.

Disclos	ure & Agreement	
× .	dicating that the information is correct to the best of my knowledge and that I wish to file the record e Commission	
Back	Submit Form	

12. Review the success message generated by the system.

Party Details	Document & Filings	Submit Web Forms	Upload Documents/Forms	
Select a Web	Form			
Your submiss	sion was successf	ul!		x
Your Claim added.	Form submission was rece	ived, please refer to the "l	Documents & Filings" panel to co	nfirm that the form has been
1 You can re	view the form submitted to t	he Commission immediat	ely by clicking here.	
Form Type				

13. Verify that a new PDF has been added to the record by selecting the link in the success message to open the PDF.



# UPLOADING DOCUMENTS TO A CLAIM

This section covers the steps for uploading PDF documents to a claim record. WebFile can only accept documents in PDF format.



## **BEFORE YOU GET STARTED**

Remember the WebFile Password Criteria:

- ✓ Document to be saved in PDF format.
- ✓ Document must be non-encrypted PDF.
- ✓ The total size of PDF attachments cannot exceed 15 MB.



## STEPS TO COMPLETE

- 1. Log in to WebFile.
- 2. Navigate to the "My Claims" section.
- 3. Click on the desired JCN.

My Claims			
JCN	Injury Date	Rights Asserted	
VA00000012549	12/03/2008	Yes	
VA0000012548	12/03/2008	Yes	
VA00000012563	12/03/2008	Yes	

- 4. Select the "Upload Documents/Forms" tab.
- 5. Review the "Instructions" section.



6. Navigate to the "Upload your document/form" section, which is lower on the page.

7. There are three required areas to be completed.

Select Filing Type *	
Document Date *	
Upload PDFs *	(

8. Select the "Filing Type" that is being uploaded.

Upload your document/form	
Claim Form	*
Letter from Claimant	
Medical Record(s)	
Motion for the Preservation of Evidence	
Position Statement OTR Hearing	
	•

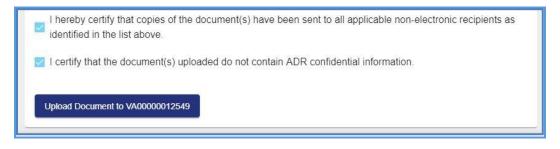
- 9. In the "Document Date" field, type or select the correct date by clicking the calendar icon.
- 10. Click the "Upload PDFs" button to locate the document. The total size of PDF attachments cannot exceed 15 MB.



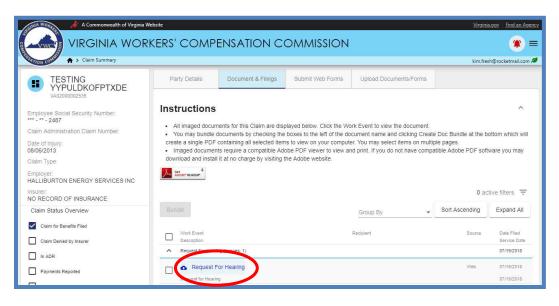
11. Check box to signify copies of the document(s) have been sent to all parties.

12. Check box to certify signatures.

#### 13. Click the "Upload Document" button.



14. Confirm the successful upload by reviewing the "Documents & Filings" tab.

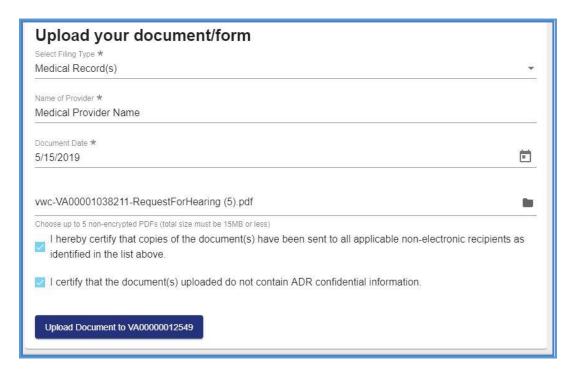


## **MEDICAL RECORDS**

Medical Records are uploaded in a similar fashion as other claim related documents.

There are a four requirements when uploading Medical Records into WebFile.

- 1. Select "Medical Record(s)" as the Filing Type.
- The "Name of Provider" field allows for free-form text, up to 50 characters, which can be used for clarifying descriptions. Example: "Dr. Wilson Medical Records, March 1 – March 10, 2015."
- 3. The "Document Date," enter the date of service with the medical provider. If there is more than one day, please enter the last date within the range of time.
- 4. Click the "Upload PDFs" button to locate the document. The total size of PDF attachments cannot exceed 15 MB.





#### IMPORTANT

WebFile automatically indicates today's date under the "Date Filed" column viewable from the "Documents & Filings tab once the record is uploaded.

# PAPERLESS OPTIONS

This section covers options regarding the WebFile Paperless feature. Those who elect Paperless will only receive electronic notifications from the Commission. Paper copies of notices and filings will not be sent to users that elect Paperless.



## **BEFORE YOU GET STARTED**

- ✓ Paperless Option can only be changed once per calendar day.
- ✓ People that elect Paperless will appear with the *≢* icon.

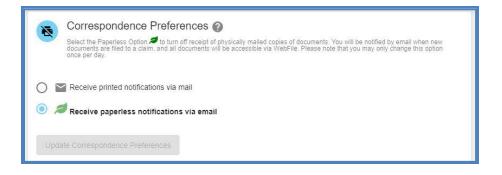
## **ELECTING PAPERLESS**



- 1. Log in to WebFile.
- 2. If you have not enrolled in paperless, a paperless notification will pop-up.
- 3. Click the "Update Correspondence preferences" button.

Please consider going paperless
No Thanks Update Correspondence Preferences

- 4. Select the "Receive paperless notifications via email."
- 5. Click the "Update Correspondence Preferences" button.



6. Confirmation message will appear.



## **OPT OUT OF PAPERLESS**



## **STEPS TO COMPLETE**

- 1. Click the menu dropdown in the top right and select "Manage Profile."
- 2. Go to the "Correspondence Preferences" section.
- 3. Select the "Receive printed notifications via mail" option.
- 4. Click the "Update Correspondence Preferences" button.

# WebFile SUPPORT

WebFile Support pertains directly to WebFile accounts, transactions, and errors. WebFile users can find answers and solutions to common issues such as creating or unlocking a WebFile account and viewing or managing a claim.



If you are still having issues, or have additional questions after using the WebFile Support tool, please visit <u>workcomp.virginia.gov/webfile/webfile-support-request</u> and complete a WebFile Support Request.

# workcomp.virginia.gov