



Virginia Workers' Compensation Commission

WebFile Guide for

# Claimants

**How to Navigate through WebFile**

## WELCOME

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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 web-based 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 [workcomp.virginia.gov/webfile/webfile-support](http://workcomp.virginia.gov/webfile/webfile-support) and complete a WebFile Support Request.

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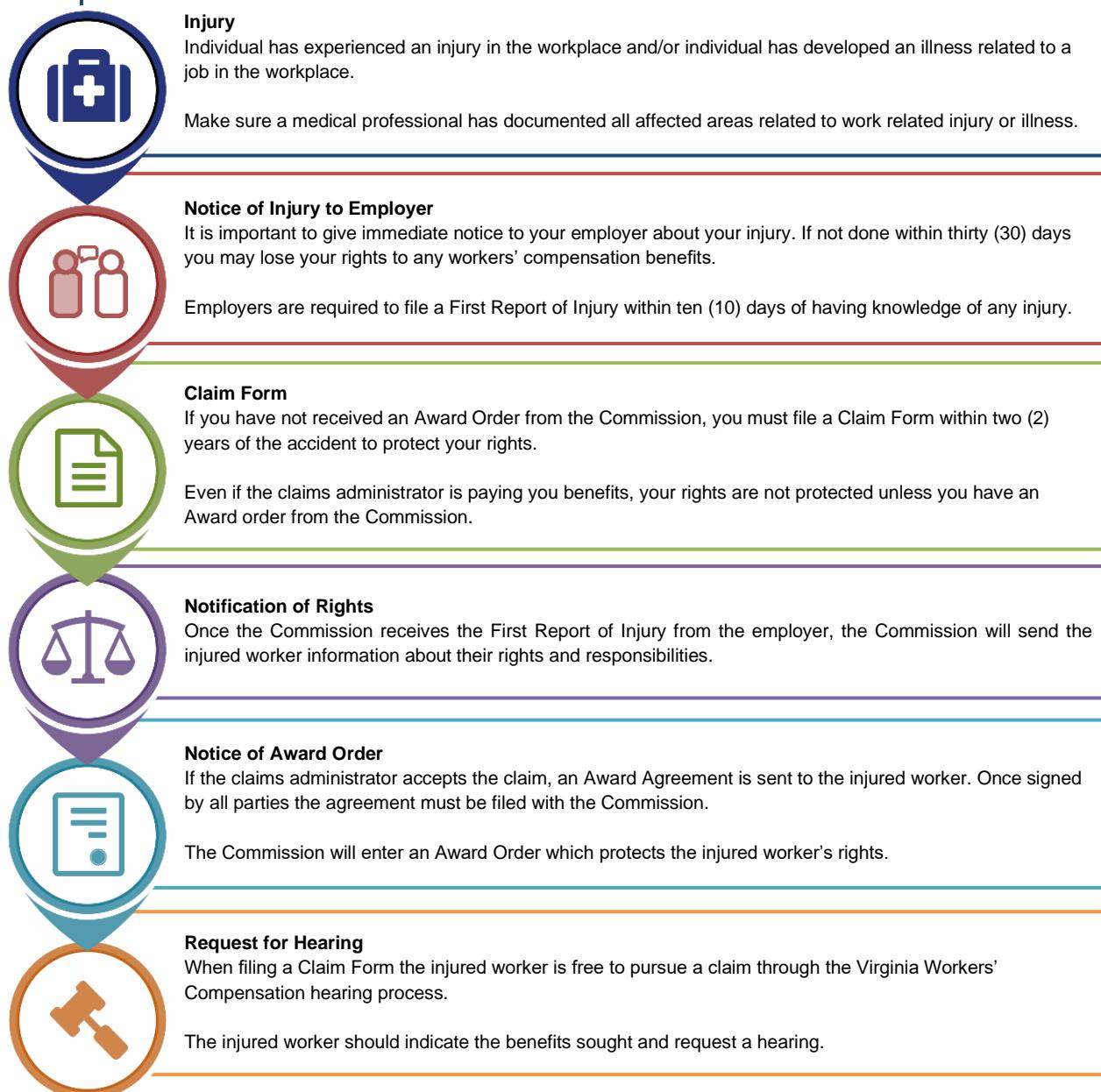
# WebFile OVERVIEW

“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



## WebFile SECURITY

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**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

- ✓ Username has a minimum length of 6.
- ✓ 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
  - Letters
  - 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

- ✓ 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.

## 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.

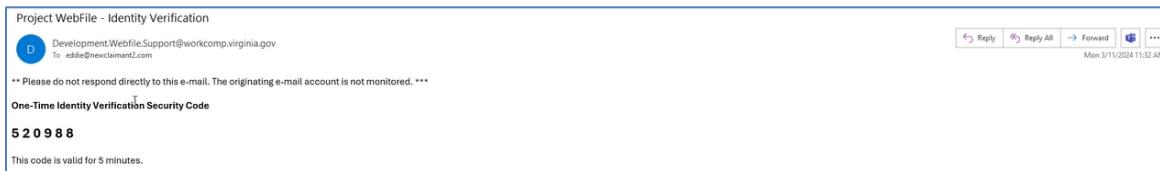
### What to expect from 2FA:

- **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.

## 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

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

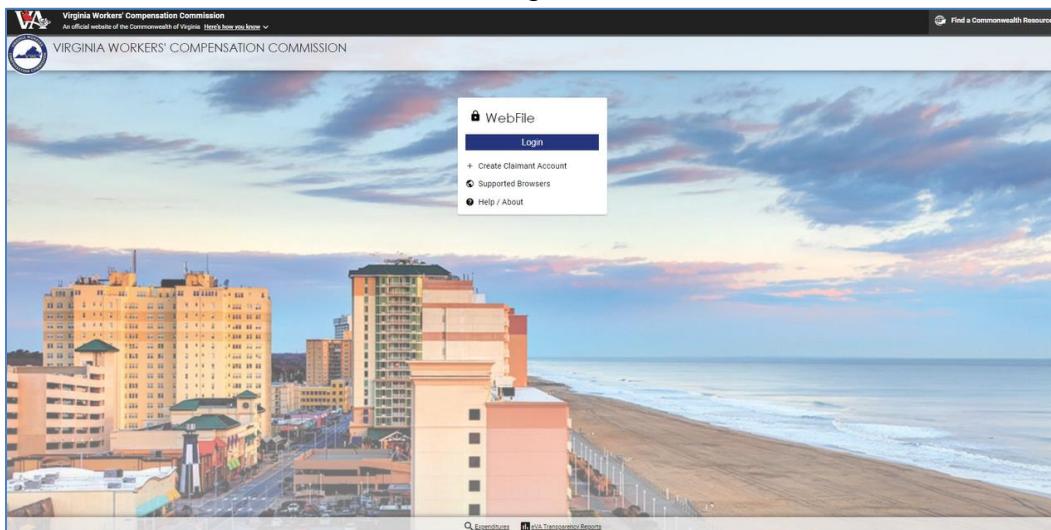


## STEPS TO COMPLETE

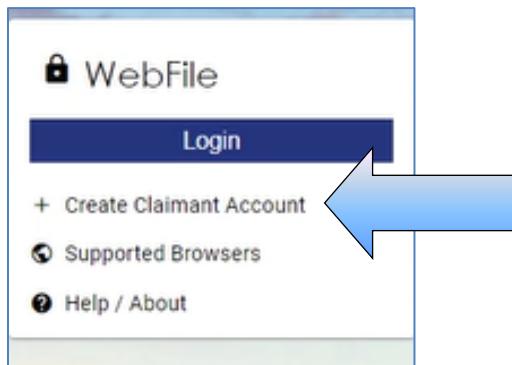
1. Go to the WebFile website at:

[webfile.workcomp.virginia.gov/](http://webfile.workcomp.virginia.gov/).

*WebFile Login Interface*



2. Select the “Create Claimant Account” button.



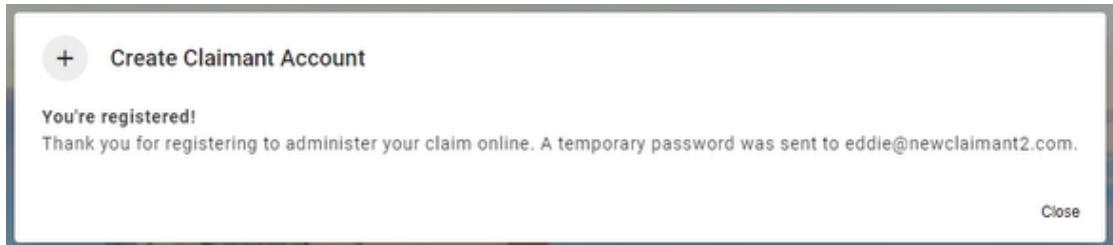
3. Enter a valid email address and first, middle and last name.

A screenshot of a registration form titled '+ Create Claimant Account'. The form includes fields for 'Email\*' (a required field), 'First Name\*', 'Middle Name', and 'Last Name\*'. Below these fields are two checkboxes: 'I am an Injured Worker/Claimant' and 'I accept [Terms and Conditions](#)'. At the bottom of the form is a 'protected by reCAPTCHA' box with a 'Privacy-Terms' link. On the right side of the form are 'Register' and 'Close' buttons.

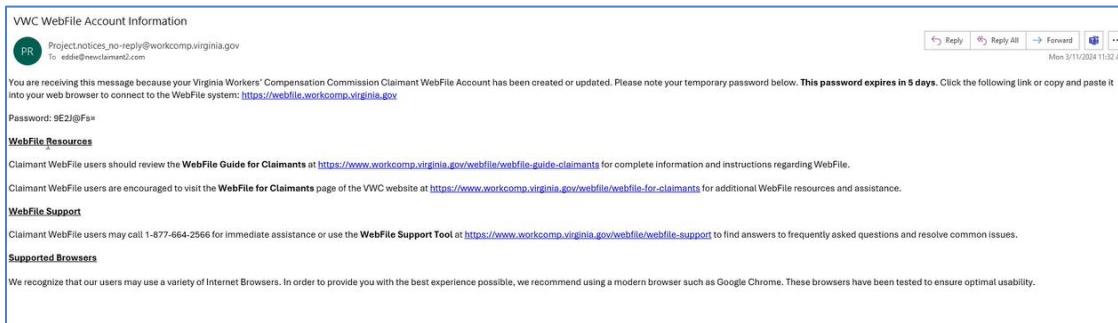
4. Check the box if indicating you are an injured worker/claimant.
5. Review the Terms and Conditions by clicking on the link.
6. Check the box to accept the Terms and Conditions.
7. Click the “Register” button to complete this first step.

A screenshot of the same registration form as the previous image, but with the 'I am an Injured Worker/Claimant' and 'I accept [Terms and Conditions](#)' checkboxes checked. The 'protected by reCAPTCHA' box is also visible. On the right side of the form are 'Register' and 'Close' buttons.

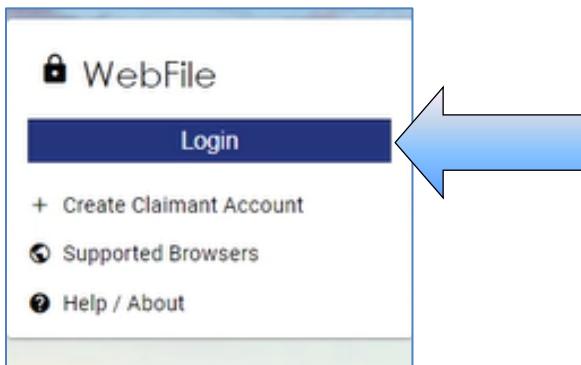
8. A confirmation message will appear.



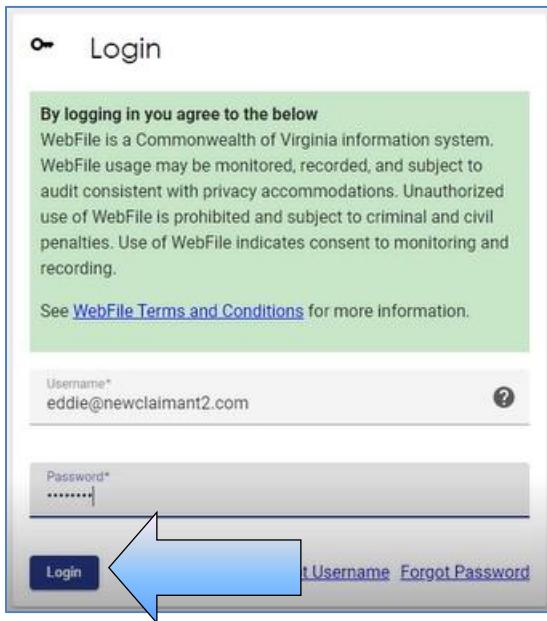
9. An email will be sent to the address indicated which contains a temporary password. **This password will expire in 5 days.** The email could also be in a spam or junk folder.



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.

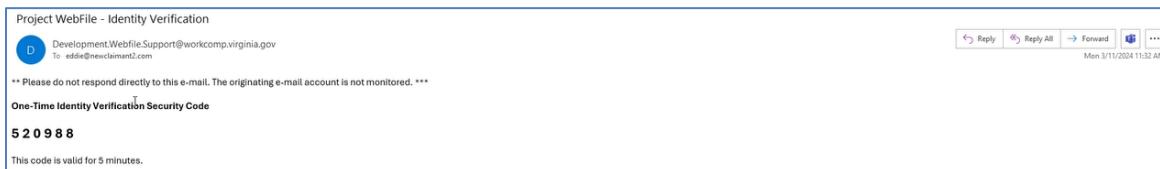


The screenshot shows the WebFile login interface. At the top, a green box contains the text: "By logging in you agree to the below" and "WebFile is a Commonwealth of Virginia information system. WebFile usage may be monitored, recorded, and subject to audit consistent with privacy accommodations. Unauthorized use of WebFile is prohibited and subject to criminal and civil penalties. Use of WebFile indicates consent to monitoring and recording." Below this, a link says "See [WebFile Terms and Conditions](#) for more information." The main form has "Username\*" and "Password\*" fields. The "Username" field contains "eddie@newclaimant2.com". The "Password" field contains a masked password. At the bottom of the form are "Login", "Forgot Username", and "Forgot Password" buttons. A large blue arrow points to the "Login" button.

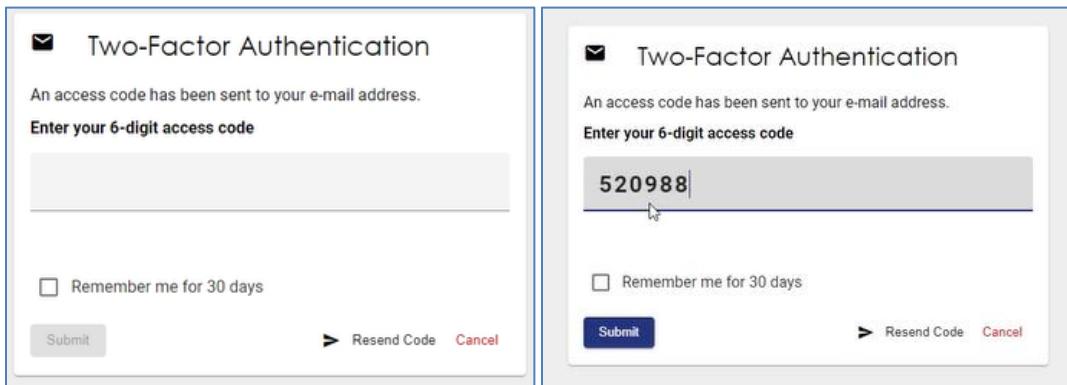
## QUICK TIPS

 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 authentication 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.

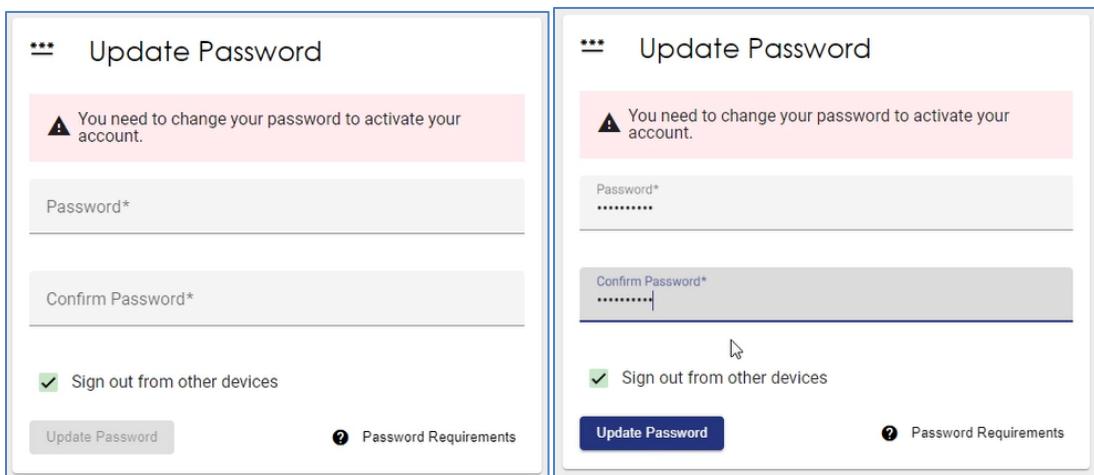


The image shows two side-by-side screenshots of a 'Two-Factor Authentication' page. Both screens have a header with an envelope icon and the text 'Two-Factor Authentication'. Below the header, a message says 'An access code has been sent to your e-mail address.' and a prompt 'Enter your 6-digit access code' with an input field. At the bottom are 'Submit', 'Resend Code', and 'Cancel' buttons. In the left screenshot, the input field is empty. In the right screenshot, the input field contains the code '520988'.

For more information, see [Two-factor authentication \(2FA\)](#).

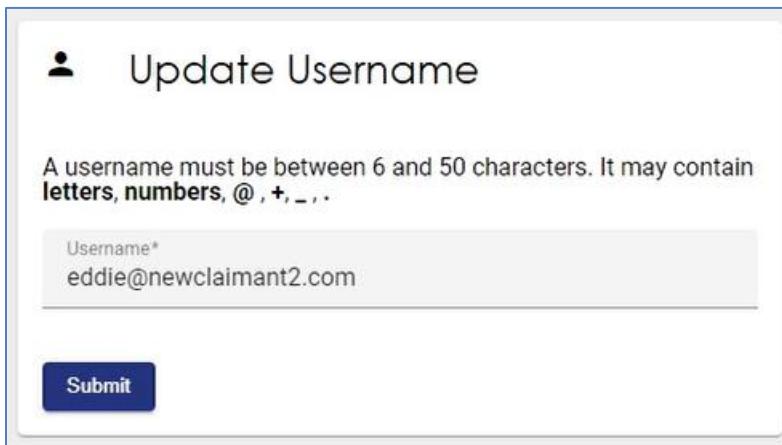
15. The current password on this screen is the temporary password that was just sent. Create a new password based on the following criteria:

- ✓ 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.



The image shows two side-by-side screenshots of an 'Update Password' page. Both screens have a header with three dots and the text 'Update Password'. A pink warning box at the top says '⚠ You need to change your password to activate your account.' Below the box are two input fields: 'Password\*' and 'Confirm Password\*'. At the bottom are 'Update Password' and 'Password Requirements' buttons. In the left screenshot, both fields are empty. In the right screenshot, the 'Password\*' field contains '\*\*\*\*\*' and the 'Confirm Password\*' field also contains '\*\*\*\*\*'. A cursor is positioned over the 'Confirm Password\*' field.

16. Create a username based on the following criteria:
  - ✓ Username has a minimum length of 6.
  - ✓ 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
    - Letters
    - Digits
    - Allowed special characters (i.e., @, #).
17. Click “Submit” to complete your registration.



Update Username

A username must be between 6 and 50 characters. It may contain **letters, numbers, @, +, -, .**

Username\*  
eddie@newclaimant2.com

Submit

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., @, #).
- ✓ 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.



## STEPS TO COMPLETE

1. Go to the WebFile website at:

[webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov)

2. Enter username and password.
3. Click the “Login” button.

### WebFile Home Interface

The screenshot shows the Virginia Workers' Compensation Commission's WebFile Home Interface. The top navigation bar includes the VWC logo, a search bar, and links for 'Virginia.gov' and 'Find an Agency'. The main content area has a 'Getting Started' sidebar with instructions for linking a claim to an account. The 'My Claims' section displays a table of claims with columns for JCN, Injury Date, and Rights Asserted. The table data is as follows:

| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| VA00000012549 | 12/03/2008  | Yes             |
| VA00000012548 | 12/03/2008  | Yes             |
| VA00000012563 | 12/03/2008  | Yes             |
| VA00000012573 | 12/03/2008  | Yes             |
| VA00000012574 | 12/03/2008  | Yes             |
| VA00000012579 | 12/03/2008  | Yes             |

At the bottom of the 'My Claims' section is a 'Associate A New Claim' button.

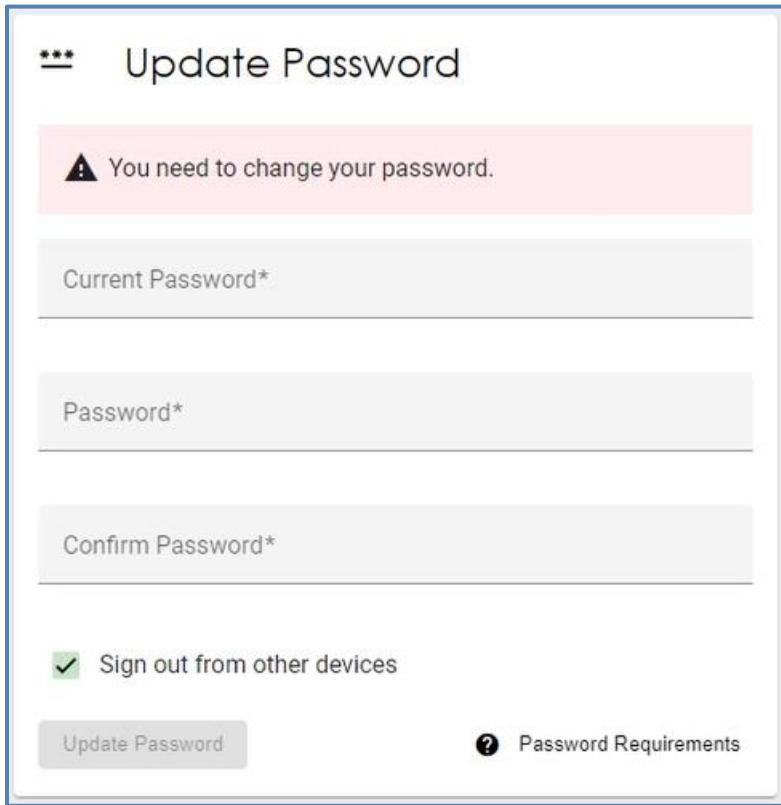
4. Click the menu dropdown (≡) in the top right and select “Manage Profile.”

The image consists of three vertically stacked screenshots of the Virginia Workers' Compensation Commission website.   
1. The top screenshot shows the homepage with a blue header containing the VWC logo, the text 'A Commonwealth of Virginia Website', and a menu icon (three horizontal lines). The main content area has two buttons: 'Getting Started' and 'My Claims'. A blue arrow points to the menu icon.   
2. The middle screenshot shows the same homepage, but the menu dropdown is open, revealing options like 'Manage Profile' (which is circled in red), 'Help / About', and 'Logout'.   
3. The bottom screenshot shows the 'Manage Profile Interface' page. It has two main sections: 'Change Email Address' (with fields for current and new email, and a 'Change Email' button) and 'Correspondence Preferences' (with radio buttons for 'Receive printed notifications via mail' and 'Receive paperless notifications via email', and a 'Update Correspondence Preferences' button). There is also a 'Change Password' section at the bottom.

5. Go to the “Change Password” section.  
6. Click the “Change My Password” link.

The image shows a screenshot of the 'Change Password' section. It features a lock icon, the text 'Change Password', and a note stating 'You will be redirected to the Webfile Authentication system to complete this action.' A blue 'Change My Password' button is at the bottom.

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



\*\*\* Update Password

⚠ You need to change your password.

Current Password\*

Password\*

Confirm Password\*

Sign out from other devices

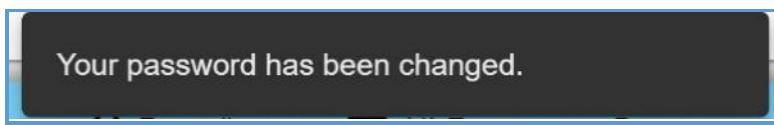
**Update Password** >Password Requirements

8. Click the “Update Password” button.



**Update Password**

9. A confirmation message will appear.



Your password has been changed.

Questions regarding WebFile processes should be directed to the Commission at 877-664-2566 or please visit [workcomp.virginia.gov/webfile/webfile-support](http://workcomp.virginia.gov/webfile/webfile-support) and complete a WebFile Support Request.

# FORGOT USERNAME

This section covers how to retrieve a forgotten username.



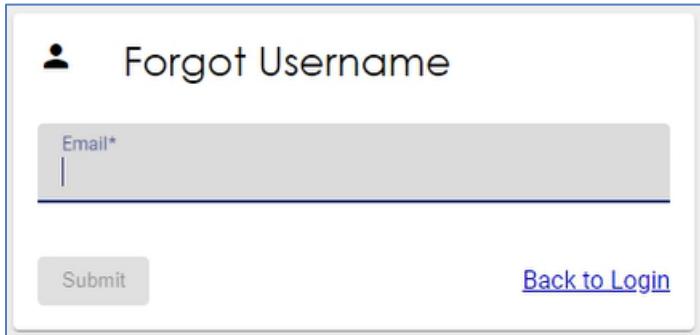
## STEPS TO COMPLETE

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

1. Click on the “Forgot Username” link.

The screenshot shows the WebFile login page. At the top, there is a green box containing the text: "By logging in you agree to the below". Below this, a message states: "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." It also links to "WebFile Terms and Conditions". A pink error message box says: "Too many invalid attempts. Try again later." Below the error message, the "Username" field contains "vwcclaimant@hotmail.com". The "Password" field is empty and marked as a "Required Field". At the bottom, there is a "Login" button and a "Forgot Username" link, which is highlighted with a large blue arrow pointing to it.

2. Enter your email address and click the “Submit” button.



The image shows a screenshot of a web form titled "Forgot Username". At the top left is a user icon. The title "Forgot Username" is centered above a text input field. The input field is labeled "Email\*" and contains a placeholder "Email". Below the input field are two buttons: "Submit" on the left and "Back to Login" on the right.

3. A confirmation message will appear and an email will be sent.
4. Retrieve the email from [notices\\_no-reply@workcomp.virginia.gov](mailto:notices_no-reply@workcomp.virginia.gov) containing your 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.*



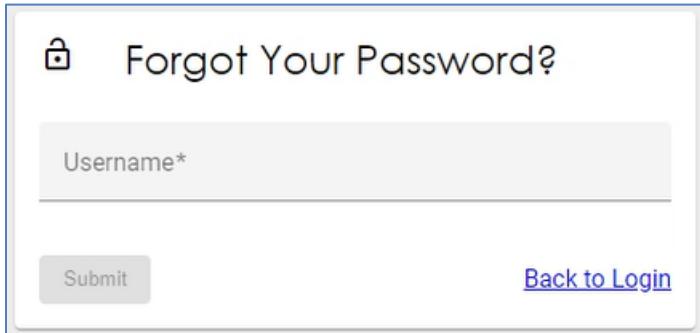
## STEPS TO COMPLETE

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

1. Click on the “Forgot Password” link.

The screenshot shows the WebFile login page. At the top, there is a green box containing the text: "By logging in you agree to the below". Below this, a paragraph explains that WebFile is a Commonwealth of Virginia information system and describes its monitoring and recording policies. It also links to "WebFile Terms and Conditions". A red error message box below the paragraph says: "⚠ Too many invalid attempts. Try again later." The main login form has fields for "Username\*" and "Password\*". At the bottom, there are "Login" and "Forgot Password" buttons. A large blue arrow points from the "Forgot Password" button to a callout box. The callout box contains the text: "Reset your password using this link".

2. Enter your username and click the “Submit” button.



The image shows a web-based form titled "Forgot Your Password?". It features a light gray header with the title. Below the header is a text input field labeled "Username\*" with a thin horizontal line underneath. At the bottom left is a "Submit" button, and at the bottom right is a "Back to Login" link.

3. A confirmation message will appear and an email will be sent.
4. Retrieve the email from [notices\\_no-reply@workcomp.virginia.gov](mailto:notices_no-reply@workcomp.virginia.gov) 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 [Change Password](#).

# CHANGE EMAIL ADDRESS

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**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.

Change Email Address

Current E-mail: kim.fresh@rocketmail.com

Current Password \*

.....

New E-mail \*

newemail@gmail.com

Confirm New E-mail \*

newemail@gmail.com

Update Email

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

Change Email Address

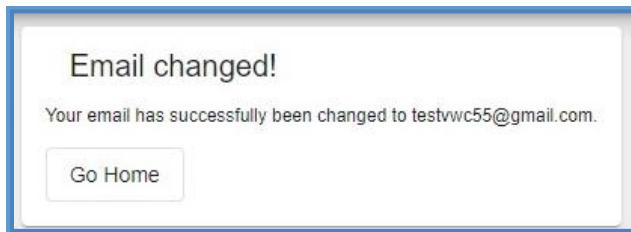
You have requested to change your email address. Please check your email for a link to activate the new email address. Until the link is activated, notifications will continue to be sent to the current email address, which is displayed below.

Current E-mail: webfilelawyer5@yahoo.com

7. Open the email from [webfile.support@workcomp.virginia.gov](mailto:webfile.support@workcomp.virginia.gov) 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 [workcomp.virginia.gov/webfile/webfile-support](http://workcomp.virginia.gov/webfile/webfile-support) 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: [webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov).
2. Navigate to the "Getting Started" section.
3. Click the "Claim for Benefits page" hyperlink.

| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| VA00000012549 | 12/03/2008  | Yes             |
| VA00000012548 | 12/03/2008  | Yes             |
| VA00000012563 | 12/03/2008  | Yes             |
| VA00000012573 | 12/03/2008  | Yes             |
| VA00000012574 | 12/03/2008  | Yes             |
| VA00000012579 | 12/03/2008  | Yes             |

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

1 Enter your data      2 Review

## Claim Form

### Injured Worker's Name

First Name \*

Middle Name



## QUICK TIPS

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

Workers' Compensation Commission

Party Details   Document & Filings   Submit Web Forms   Upload Documents/Forms

Help   Cancel

1 Enter your data      2 Review

### Claim Form

#### Injured Worker's Name

Required Field

**Injury**  
When an individual has experienced an injury or an occupational disease in the workplace, it is important to give immediate notice to the employer about the injury. Employers are required to file a First Report of Injury (FROI) within ten (10) days of having knowledge of any injury.

**Claim Form**  
Pursuant to Va. Code §65.2-601, a claim for specific benefits must be filed within two (2) years from the date of injury. Even if the Claim Administrator is voluntarily paying benefits, rights are not protected unless there is an Award Order.

**Award Order**  
If the Claim Administrator accepts the claim, an Award Agreement is sent to the injured worker. Once signed by all parties, the Award Agreement must be filed with the Commission for entry of the Award Order. An Award Order protects the

**Temporary Total Disability**  
Wage loss replacement while completely out of work medically authorized.

**Request for Benefits \***

I need assistance obtaining the following benefits. If the benefits are denied, this form will serve as a hearing request.

Lifetime Medical Award (coverage for related medical expenses).\*\* ?

Wage Loss Replacement (Temporary Total Disability - Completely out of work) ?

Wage Loss Replacement (Temporary Partial Disability - Partially out of work/light duty) ?

Compensation for Permanent Loss (Permanent Partial Disability)\*\* ?

**Temporary Total Disability**  
Wage loss replacement while completely out of work medically authorized.

**Temporary Partial Disability**  
Wage loss replacement while partially out of work. Must be medically authorized.

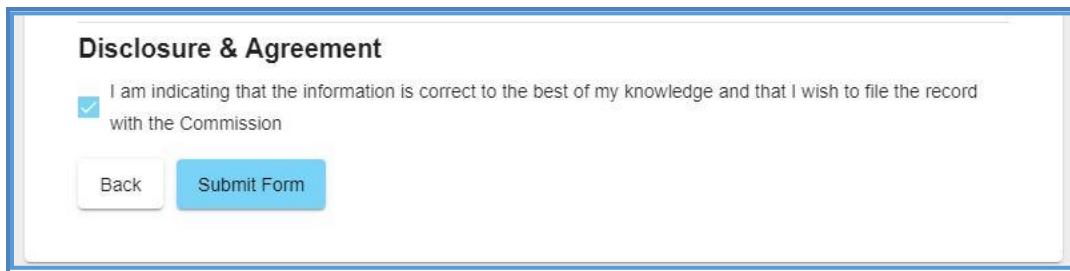
**Permanent Partial Disability**

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.



**Disclosure & Agreement**

I am indicating that the information is correct to the best of my knowledge and that I wish to file the record with the Commission

[Back](#) [Submit Form](#)

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: [webfile.workcomp.virginia.gov](http://webfile.workcomp.virginia.gov).
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 \*

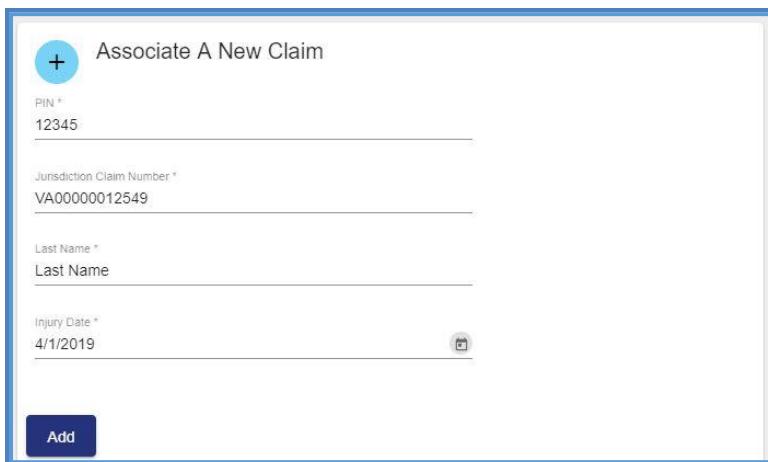
Injury Date \*

Add

5. If this is the first time a claim has been added to WebFile, enter the following information:

- Personal Identification Number (PIN)
- Jurisdiction Claim Number (JCN)
- Last Name
- Injury Date

6. Click the “Add” button.



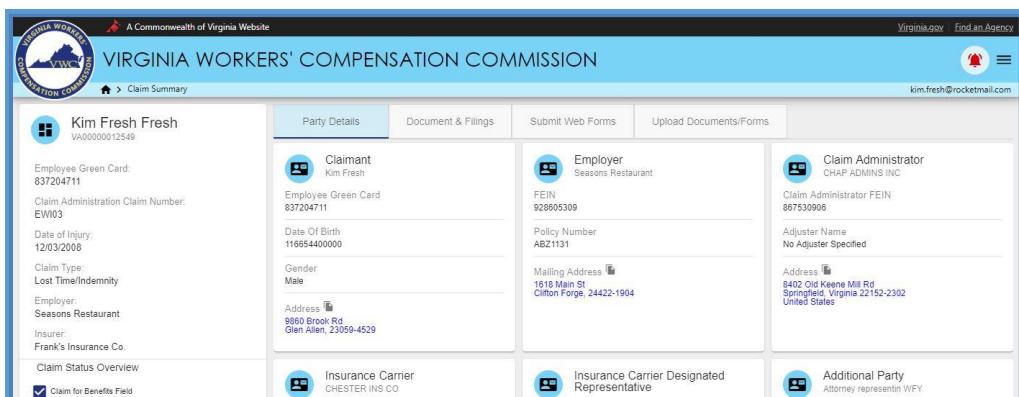
The screenshot shows a web form titled "Associate A New Claim". It contains four input fields: "PIN \*", "Jurisdiction Claim Number \*", "Last Name \*", and "Injury Date \*". The "PIN" field is filled with "12345". The "Jurisdiction Claim Number" field is filled with "VA00000012549". The "Last Name" field is filled with "Last Name". The "Injury Date" field is filled with "4/1/2019". Below the form is a blue "Add" button.

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.



The screenshot shows a "My Claims" section. It displays a table with three columns: "JCN", "Injury Date", and "Rights Asserted". The "JCN" column contains the value "VA00000012549". The "Injury Date" column contains the value "12/03/2008". The "Rights Asserted" column contains the value "Yes".

9. Review the information available.



The screenshot shows a "Claim Summary" page for "Kim Fresh Fresh" with the JCN "VA00000012549". The page is divided into several sections: "Party Details", "Document & Filings", "Submit Web Forms", "Upload Documents/Forms", "Claim Administrator", "Employer", "Insurance Carrier", and "Additional Party". The "Party Details" section includes fields for "Employee Green Card" (837204711), "Claimant" (Kim Fresh), "Employer" (Seasons Restaurant), "Address" (8860 Brook Rd, Glen Allen, 23059-4529), "Insurance Carrier" (CHESTER INS CO), and "Additional Party" (Attorney representing WFY). The "Claim Administrator" section lists "CHAP ADMINS INC" and "No Adjuster Specified". The "Employer" section lists "Seasons Restaurant" and "Address" (1618 Main St, Clifton Forge, 24422-1904). The "Insurance Carrier" section lists "CHESTER INS CO". The "Additional Party" section lists "Attorney representing WFY".

## PARTY DETAILS

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

## Party Details Interface



**A Commonwealth of Virginia Website**

[Virginia.gov](#) [Find an Agency](#)

VIRGINIA WORKERS' COMPENSATION COMMISSION

[Home](#)
[Claim Summary](#)

**Kim Fresh**  
VA00000012574

Employee Green Card:  
837204711

Claim Administration Claim Number:  
EW003

Date of Injury:  
12/03/2008

Claim Type:  
Lost Time/Indemnity

Employer:  
Seasons Restaurant

Insurer:  
CHESTER INS CO

Claim Status Overview

- Claim for Benefits Filed
- Claim Denied by Insurer
- In ADR
- Payments Reported
- Average Weekly Wage
- Award Entered by Commission

**Party Details**

| Claimant  | Claimant's Attorney (Primary)  | Claimant's Attorney (Primary)   |
|---|--|---|
|  Kim Fresh<br>Employee Green Card<br>837204711 |  Darcy Madison<br>Law Firm<br>WebFile Law Firm<br>FEIN<br>724349686<br>Attorney's Email  darcymadison749@yahoo.com |  Manny Louis<br>Law Firm<br>WebFile Law Firm<br>FEIN<br>724349696<br>Attorney's Email  manny_louis@mail.com |
| <b>Employer</b><br>Seasons Restaurant<br>Address<br>6980 Brook Rd<br>Glen Allen, Virginia 23059-4529<br>United States           | <b>Employer's Attorney (Primary)</b><br>Darcy Madison<br>Law Firm<br>WebFile Law Firm<br>FEIN<br>724349686<br>Attorney's Email  darcymadison749@yahoo.com   | <b>Employer's Attorney</b><br>Paulina Feonrski<br>Law Firm<br>WebFile Law Firm<br>FEIN<br>724349686<br>Attorney's Email  paulinafeonrski@yahoo.com   |
| <b>Incident Details</b><br>VA00000012574  | <b>Address</b><br>1610 Main St<br>Cottage Grove, Virginia 24422-1904<br>United States  | <b>Address</b><br>1000 Dm Dr<br>Richmond, Virginia 23220-2036<br>United States  |

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 Representative | 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

|                          |                    |  |          |
|--------------------------|--------------------|--|----------|
| <input type="checkbox"/> | WebFileSupport     | New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN .. | 11:29 am |
| <input type="checkbox"/> | WebFileSupport (5) | New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN .. | Oct 24   |
| <input type="checkbox"/> | WebFileSupport     | New Notification - You have received a new notification from the Virginia Workers' Compensation Commission: JCN .. | Oct 23   |

#### Individual Email View

New Notification [Inbox](#) | X

 [WebFileSupport@vvc.state.va.us](#) to me [show details](#) Oct 23 (3 days ago) [Reply](#) [▼](#)

You have received a new notification from the Virginia Workers' Compensation Commission:

JCN: VA00000009092

You can view this notification by logging into the commission's WebFile system at [https://webfile.workcomp.virginia.gov/portal/vvc\\_portal?doLoginDialog=1](https://webfile.workcomp.virginia.gov/portal/vvc_portal?doLoginDialog=1).

Virginia Workers' Compensation Commission

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.

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

The screenshot shows the Virginia Workers' Compensation Commission website. The top navigation bar includes the VWC logo, a search bar, and a 'Find an Agency' link. A blue arrow points from the 'New Notification Icon' image to the red bell icon in the top right corner of the page. The main content area has two sections: 'Getting Started' on the left and 'My Claims' on the right. The 'My Claims' section displays a table of claims with columns for JCN, Injury Date, and Rights Asserted. The table data is as follows:

| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| VA00000012549 | 12/03/2008  | Yes             |
| VA00000012548 | 12/03/2008  | Yes             |
| VA00000012563 | 12/03/2008  | Yes             |
| VA00000012573 | 12/03/2008  | Yes             |
| VA00000012574 | 12/03/2008  | Yes             |

### Notifications Interface

The screenshot shows the 'Notifications' interface on the Virginia Workers' Compensation Commission website. The interface lists notifications in a table with columns for the type of notification, date, and subject. The notifications are as follows:

| Notification Type                 | Date              | Subject                                  |
|-----------------------------------|-------------------|--|
| Letter From Claimant              | 5/6/19, 1:46 PM   | VA00000012549 ( Kim Fresh )              |
| WebFile Claimant PIN Notification | 5/3/19, 12:15 PM  | VA05568121025 ( JOHN_TEST_PETERS )       |
| WebFile Claimant PIN Notification | 5/3/19, 12:15 PM  | VA05568121025 ( JOHN_TEST_PETERS )       |
| WebFile Claimant PIN Notification | 4/19/19, 9:57 AM  | VA00194180934 ( UAT_TEST_SIXPOINTEIGHT ) |
| WebFile Claimant PIN Notification | 4/19/19, 9:57 AM  | VA00194180934 ( UAT_TEST_SIXPOINTEIGHT ) |
| Pre-Hearing Statement Response    | 3/26/2018         | DMV0123456789 ( JOEY_TEST_SLOWLY )       |
| Request For Hearing               | 2/11/19, 10:34 AM | VA00000012548 ( Kim Fresh )              |
| Request For Hearing               | 1/21/19, 1:10 PM  | VA00000012563 ( Kim Fresh )              |
| Request For Hearing               | 11/6/18, 9:16 AM  | VA00000012563 ( Kim Fresh )              |



### 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.

The screenshot shows a 'Notifications' page with a blue header. Below the header are three buttons: a blue envelope, a white envelope with a blue border, and a blue square with a white downward arrow. To the right of these buttons is a search bar labeled 'Filter JCN' and a blue filter icon. The main area contains three notifications:
 

- Letter From Claimant** (document icon) - 5/6/19, 1:46 PM - VA00000012549 (Kim Fresh) - **Document Type** (red box)
- WebFile Claimant PIN Notification** (envelope icon) - 5/3/19, 12:15 PM - VA05568121025 (JOHN \_TEST\_PETERS) - **Jurisdiction Claim Number** (red box)

## 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 (✉) will mark the notification as “read.”
- c. Clicking the opened mail icon (✉) will mark the notification as “unread.”

The screenshot shows the same 'Notifications' page as before, but with three notifications and red circles labeled A, B, and C pointing to specific icons:
 

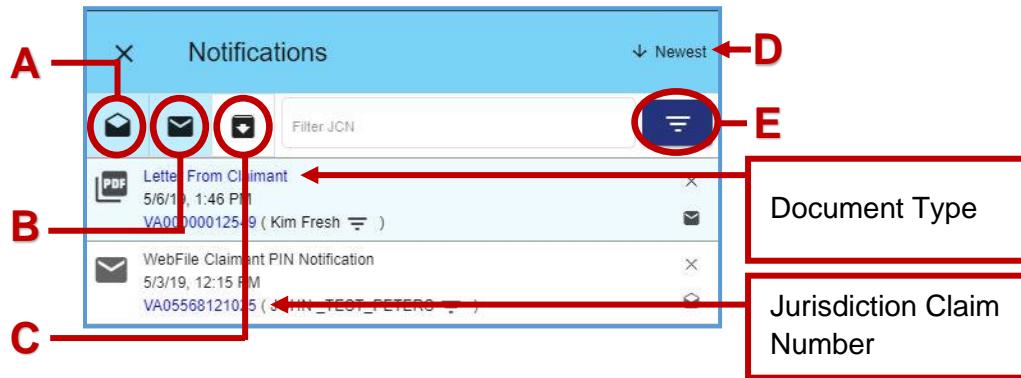
- Letter From Claimant** (document icon) - 5/6/19, 1:46 PM - VA00000012549 (Kim Fresh) - **A** (red circle)
- WebFile Claimant PIN Notification** (envelope icon) - 5/3/19, 12:15 PM - VA05568121025 (JOHN \_TEST\_PETERS) - **B** (red circle)
- WebFile Claimant PIN Notification** (envelope icon) - 5/3/19, 12:15 PM - VA05568121025 (JOHN \_TEST\_PETERS) - **C** (red circle)

## 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 (✉):** Clicking the “View Archived” toggle with display **only** “archived” notifications.
- D. **Sort Button (⬇):** 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.

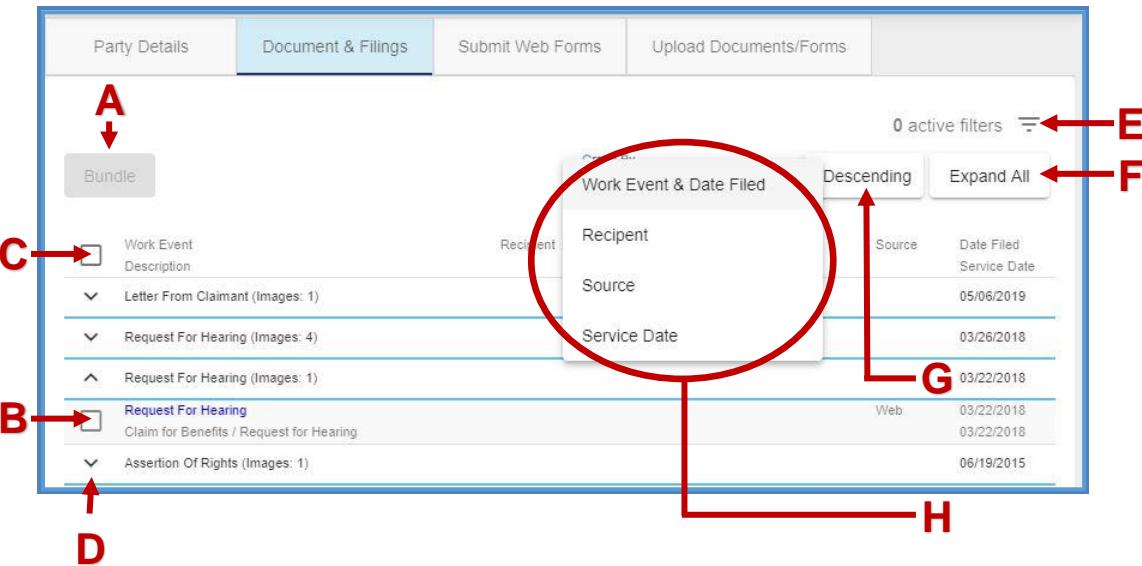
| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| VA00000012549 | 12/03/2008  | Yes             |
| VA00000012548 | 12/03/2008  | Yes             |
| VA00000012563 | 12/03/2008  | Yes             |
| VA00000012573 | 12/03/2008  | Yes             |
| VA00000012574 | 12/03/2008  | Yes             |
| VA00000012579 | 12/03/2008  | Yes             |

3. Click on the desired JCN.
4. Select the “Document & Filings” tab.

| Work Event Description                          | Recipient | Source | Date Filed/Service Date |
|---|-----------|--------|-------------------------|
| Letter From Claimant (Images: 1)                |           |        | 05/06/2019              |
| Request For Hearing (Images: 4)                 |           |        | 03/26/2018              |
| Request For Hearing (Images: 1)                 |           |        | 03/22/2018              |
| Assertion Of Rights (Images: 1)                 |           |        | 06/19/2015              |
| Acknowledgment of Filing - Claimant (Images: 3) |           |        | 06/19/2015              |
| Acknowledgment of Filing (Images: 7)            |           |        | 06/19/2015              |
| Request For Hearing (Images: 1)                 |           |        | 03/10/2014              |
| Claim for COLA Rejected - 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. **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 Interface*

The 'Filter Interface' window contains several input fields for filtering work events. At the top right is a '0 active filters' button with a filter icon. Below it are two text input fields: 'Work Event' and 'Recipient'. The 'Work Event' field contains the placeholder 'Description'. To the right of these are two more text input fields: 'Service Date (Before)' and 'Service Date (After)', each with a calendar icon. Below these are two more text input fields: 'Date Filed (Before)' and 'Date Filed (After)', each with a calendar icon. At the bottom right of the filter interface are 'Apply' and 'Clear' buttons.

- 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.

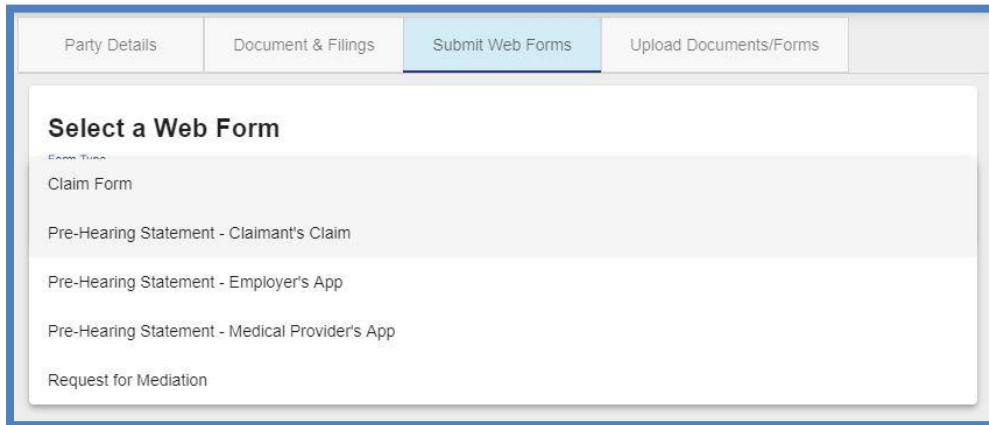
The screenshot shows the 'My Claims' section of the WebFile interface. At the top, there is a blue circular icon with a lock symbol. Below it, the text 'My Claims' is displayed. A red exclamation mark icon is followed by the message: 'You have not asserted your rights on one or more of the below claims! To file a Claim For Benefits, click the "Assert" link.' A table follows, showing three claims:

| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| 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.

The screenshot shows the 'My Claims' section again, but this time a large blue arrow points to the 'Assert' link in the 'Rights Asserted' column for the first claim (JCN VA00194180934). The table structure is identical to the previous screenshot.

4. Choose “Claim Form” from the “Submit Web Forms” tab.



The screenshot shows a user interface for selecting a web form. At the top, there are tabs: 'Party Details', 'Document & Filings', 'Submit Web Forms' (which is highlighted in blue), and 'Upload Documents/Forms'. Below the tabs, a section titled 'Select a Web Form' lists several options under 'Form Type': 'Claim Form', 'Pre-Hearing Statement - Claimant's Claim', 'Pre-Hearing Statement - Employer's App', 'Pre-Hearing Statement - Medical Provider's App', and 'Request for Mediation'. The 'Claim Form' option is currently selected.

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



The screenshot shows a data entry form for a 'Claim Form'. At the top, there are buttons for 'Help' (with a question mark icon) and 'Cancel' (with a red X icon). Below these are two numbered steps: '1 Enter your data' and '2 Review'. The main section is titled 'Claim Form' and 'Injured Worker's Name'. It contains four text input fields: 'First Name \*' (containing 'Kim'), 'Middle Name' (containing 'L'), 'Last Name \*' (containing 'Fresh'), and 'Suffix (Sr, Jr, etc)'. The 'First Name' and 'Last Name' fields are marked with an asterisk (\*) indicating they are required.



## QUICK TIPS

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

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

Next

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

### Disclosure & Agreement

I am indicating that the information is correct to the best of my knowledge and that I wish to file the record with the Commission

Back

Submit Form

11. Confirmation note will be displayed.

Your submission was successful!

X

**i** Your Claim Form submission was received, please refer to the “Documents & Filings” panel to confirm that the form has been added.

**i** You can review the form submitted to the Commission immediately by clicking [here](#).

## 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 |
| VA00000012549 | 12/03/2008  | Yes             |

4. Select the “Submit Web Forms” tab.

|               |                    |                         |                        |
|---------------|--------------------|-------------------------|------------------------|
| Party Details | Document & Filings | <b>Submit Web Forms</b> | Upload Documents/Forms |
|---------------|--------------------|-------------------------|------------------------|

Select a Web Form

Form Type

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

|               |                    |                         |                        |
|---------------|--------------------|-------------------------|------------------------|
| Party Details | Document & Filings | <b>Submit Web Forms</b> | Upload Documents/Forms |
|---------------|--------------------|-------------------------|------------------------|

Select a Web Form

Claim Form

Pre-Hearing Statement - Claimant's Claim

Pre-Hearing Statement - Employer's App

Pre-Hearing Statement - Medical Provider's App

Request for Mediation

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

1 Enter your data

2 Review

**Claim Form**

**Injured Worker's Name**

First Name \*

Middle Name



## QUICK TIPS

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

Workers' Compensation Commission

Party Details Document & Filings Submit Web Forms Upload Documents/Forms

Help

Cancel

Enter your data Review

**Claim Form**

**Injured Worker's Name**

Required Field

**Injury**  
When an individual has experienced an injury or an occupational disease in the workplace, it is important to give immediate notice to the employer about the injury. Employers are required to file a First Report of Injury (FROI) within ten (10) days of having knowledge of any injury.

**Claim Form**  
Pursuant to Va. Code §65.2-601, a claim for specific benefits must be filed within two (2) years from the date of injury. Even if the Claim Administrator is voluntarily paying benefits, rights are not protected unless there is an Award Order.

**Award Order**  
If the Claim Administrator accepts the claim, an Award Agreement is sent to the injured worker. Once signed by all parties, the Award Agreement must be filed with the Commission for entry of the Award Order. An Award Order protects the

**Temporary Total Disability**  
Wage loss replacement while completely out of work medically authorized.

**Request for Benefits \***

I need assistance obtaining the following benefits. If the benefits are denied, this form will serve as a hearing request.

Lifetime Medical Award (coverage for related medical expenses).\*\* ?

Wage Loss Replacement (Temporary Total Disability - Completely out of work) ?

Wage Loss Replacement (Temporary Partial Disability - Partially out of work/light duty) ?

Compensation for Permanent Loss (Permanent Partial Disability)\*\* ?

**Temporary Total Disability**  
Wage loss replacement while completely out of work medically authorized.

**Temporary Partial Disability**  
Wage loss replacement while partially out of work. Must be medically authorized.

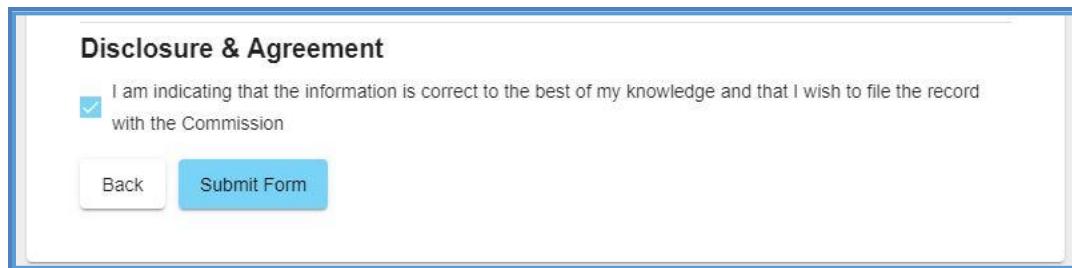
**Permanent Partial Disability**

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.



**Disclosure & Agreement**

I am indicating that the information is correct to the best of my knowledge and that I wish to file the record with the Commission

[Back](#) [Submit Form](#)

12. Review the success message generated by the system.

here.' Below the message is a 'Form Type' dropdown menu." data-bbox="172 336 812 561"/>

**Select a Web Form**

**Your submission was successful!** X

**Info** Your Claim Form submission was received, please refer to the "Documents & Filings" panel to confirm that the form has been added.

**Info** You can review the form submitted to the Commission immediately 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.



### QUICK TIPS

*Clicking on the “Documents & Filings” tab and then selecting the appropriate link will also open the submitted web form.*

# 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.

| JCN           | Injury Date | Rights Asserted |
|---------------|-------------|-----------------|
| VA00000012549 | 12/03/2008  | Yes             |
| VA00000012548 | 12/03/2008  | Yes             |
| VA00000012563 | 12/03/2008  | Yes             |

4. Select the “Upload Documents/Forms” tab.
5. Review the “Instructions” section.

**Instructions**

- In order to make a new submission:
  - Please select the Filing Type which is the form you will be submitting.
  - These blank documents can be found on the Commission's Forms Page.
  - 20 Day Order Response forms are claim specific and sent by mail. They can also be reprinted from the Documents & Forms 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.

**Upload your document/form**

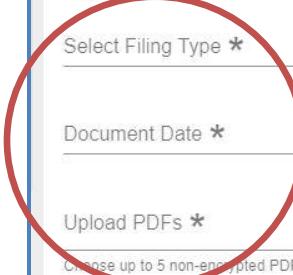
Select Filing Type \*

Document Date \*

Upload PDFs \*

Choose up to 5 non-encrypted PDFs (total size must be 15MB or less)

Upload Document to VA00000012549



8. Select the “Filing Type” that is being uploaded.

**Upload your document/form**

Select Filing Type

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.

Upload PDFs \*

Choose up to 5 non-encrypted PDFs (total size must be 15MB or less)

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.

I hereby certify that copies of the document(s) have been sent to all applicable non-electronic recipients as identified in the list above.

I certify that the document(s) uploaded do not contain ADR confidential information.

[Upload Document to VA00000012549](#)

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

A Commonwealth of Virginia Website
Virginia.gov [Find an Agency](#)

VIRGINIA WORKERS' COMPENSATION COMMISSION

[Claim Summary](#)
kim.fresh@rocketmail.com

TESTING
VA02000002535

[Party Details](#)
Document & Filings
[Submit Web Forms](#)
[Upload Documents/Forms](#)

**Instructions**

- All imaged documents for this Claim are displayed below. Click the Work Event to view the document.
- You may bundle documents by checking the boxes to the left of the document name and clicking Create Doc Bundle at the bottom which will create a single PDF containing all selected items to view on your computer. You may select items on multiple pages.
- Imaged documents require a compatible Adobe PDF viewer to view and print. If you do not have compatible Adobe PDF software you may download and install it at no charge by visiting the Adobe website.

[Get \*\*ADOBEPDF\*\* READER](#)

| Bundle                              | Work Event Description  | Recipient | Source | Date Filed Service Date |
|-------------------------------------|-------------------------|-----------|--------|-------------------------|
| <input type="checkbox"/>            | Request For Hearing (1) |           | Web    | 07/19/2018              |
| <input checked="" type="checkbox"/> | Request For Hearing     |           | Web    | 07/19/2018              |
| <input type="checkbox"/>            | Request for Hearing     |           | Web    | 07/19/2018              |

## MEDICAL RECORDS

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

There are four requirements when uploading Medical Records into WebFile.

1. Select “Medical Record(s)” as the Filing Type.
2. 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.

**Upload your document/form**

Select Filing Type \*

Medical Record(s)

Name of Provider \*

Medical Provider Name

Document Date \*

5/15/2019

vwc-VA00001038211-RequestForHearing (5).pdf

Choose up to 5 non-encrypted PDFs (total size must be 15MB or less)

I hereby certify that copies of the document(s) have been sent to all applicable non-electronic recipients as identified in the list above.

I certify that the document(s) uploaded do not contain ADR confidential information.

**Upload Document to VA00000012549**

### 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

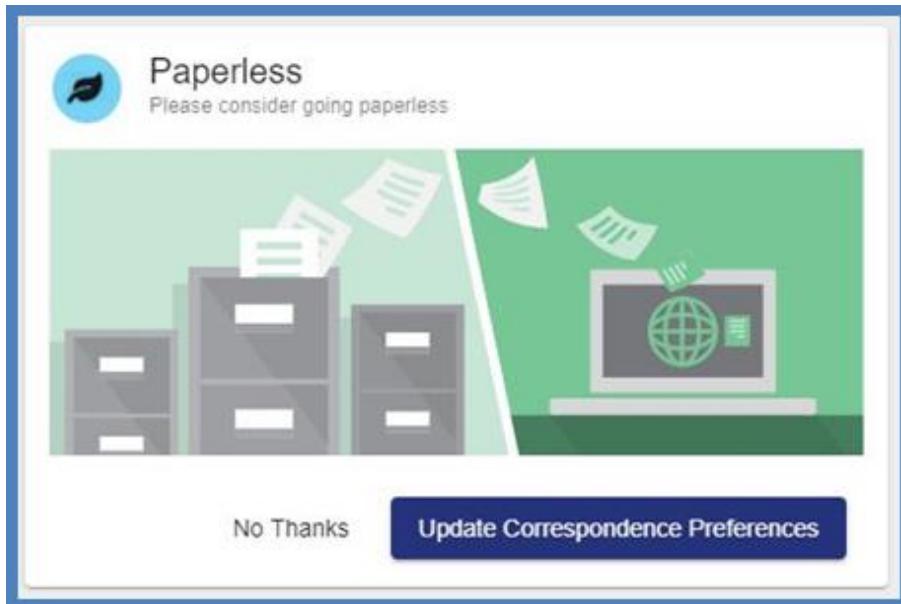
- ✓ Paperless Option can only be changed once per calendar day.
- ✓ People that elect Paperless will appear with the  icon.

## ELECTING PAPERLESS

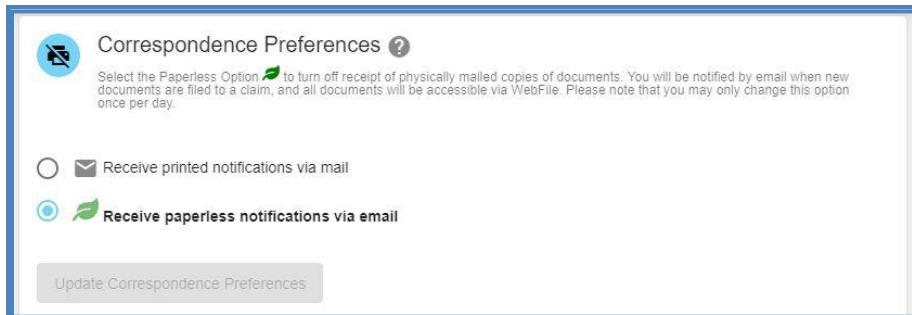


### STEPS TO COMPLETE

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.



4. Select the “Receive paperless notifications via email.”
5. Click the “Update Correspondence Preferences” button.



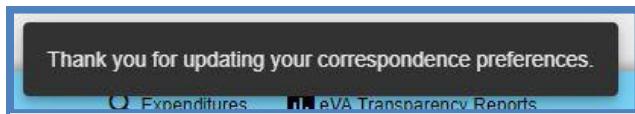
Correspondence Preferences 

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.

 Receive printed notifications via mail

 Receive paperless notifications via email

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

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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.

[Click here to use the interactive WebFile Support tool.](#)

## *WebFile* Support

If you are still having issues, or have additional questions after using the WebFile Support tool, please visit [workcomp.virginia.gov/webfile/webfile-support-request](http://workcomp.virginia.gov/webfile/webfile-support-request) and complete a WebFile Support Request.

[workcomp.virginia.gov](http://workcomp.virginia.gov)