Virginia Workers' Compensation Commission

WebFile Guide for

Self-Insurers

How to Navigate through WebFile

WELCOME

Welcome to Virginia Workers' Compensation Commission's WebFile system.

This Guide is designed to assist Self-Insurers with using WebFile, the Virginia Workers' Compensation Commission's self-service efficient, easy-to use web-based system implemented so that Self-Insurers may view, initiate changes, and submit the Annual Survey. Questions about any of the information provided in this guide should be directed to selfinsurance@workcomp.virginia.gov or 1-804-729-6407.

This document provides the information and instructions necessary for navigating the new online tool for Self-Insurers. It has been designed to be used in two different ways:

- the printed document may be used as a hard-copy comprehensive reference manual
- the electronic file may be used as a quick reference guide by clicking the role-based questions in the Contents section

Complete information can be found on the WebFile for Self-Insurers page of the Commission's website: http://www.workcomp.virginia.gov/webfile/webfile-for-self-insurers.

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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.

USERNAME

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

PASSWORD

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

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e., @, #)
- ✓ Password will expire every 90 days and will not be re-usable for 12 months

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 need to log back in to WebFile.

COMMON TERMS & ACRONYMS

The following terms are used throughout this guide and within the WebFile system:

All Other Contacts		This contact is assigned by the Self-Insurer and serves as an alternative contact when the Corporate Contact (Headquarters) is not available. This contact does not receive mailings or notices.
(cont.)	**Continued**	Additional space allowed in the address field.
Corporate Contact (Headquarters)		This contact serves as the person responsible to submit all required reports and records, and signs that the Self-Insurer is in compliance with the Regulations Governing Individual Self-Insurance and is the contact regarding questions related to the Self-Insurance Certificate, coverage verification and all other matters.
EDI	**Electronic Data Interchange**	A general term used to describe the method and standards for transferring data via electronic transmission; VWC follows IAIABC EDI standards for accepting claim data. For more information on EDI standards email edi.support@workcomp.virginia.gov.
EXT	**Extension**	A general term used to describe the allowable additional time allotted for filing, compliance, and/or special request
Excluded location		All operating entities and worksite location addresses that are to be **excluded** from the Virginia Certificate of Self-Insurance for your company. Operating entities include all parent corporations, subsidiary companies or specific worksite location addresses with WC coverage placed elsewhere.
FEIN	**Federal Employer Identification Number**	A business US Federal Tax ID. The FEIN is a primary data element used to link parties to claims data in WebFile
IBNR	**Incurred but Not Reported**	In Insurance, incurred but not reported (IBNR), is a type of reserve account used in the insurance industry as the provision for claims and/or events that have transpired but not yet been reported to an insurance company
In-State Designated Representative		The office of a designated representative located within the Commonwealth of Virginia per 16 VAC 30-30-20.
Primary Corporate Contact		This contact will receive all mailing notices sent out by the Commission relative to hearings, meditations and changes related to Jurisdictional Claim Numbers (JCN's).

Mailing Contact		The contact person to receive all Self-Insurance notices.
NAICS	**North American Industry Classification System**	NAICS is a six-digit hierarchical coding system to classify all economic activity into twenty industry sectors. Five sectors are mainly goods-producing sectors and fifteen are entirely services-providing sectors. These codes replaced the four-digit structure of the Standard Industrial Codes (SIC) and are maintained by the Department of Labor.
SI	**Self-Insurer**	Public or Private employer certified by the Virginia Workers' Compensation Commission as an individual self-insurer for workers' compensation
SIR	**Self-Insured Retention**	The defined dollar amount of WC benefits the Self-Insurer retains as granted by the Commission.
Subsidiary Location		Worksite location addresses reporting into the Subsidiary and the subsidiaries federal identification number.
Submission Date		Date in which the Self-Insurer submitted the completed Annual Survey
Reporting Date		The established date in which a Self-Insurer is required to report the Annual Survey
VWC	**Virginia Workers' Compensation Commission**	The state agency, which administers the Virginia Workers' Compensation Act.
URL	**Uniform Resource Locator**	A web address.
Work from Home Location		Worksite location addresses where the employee works from home.

WebFile ROLE OVERVIEW

A Self-Insurer WebFile user refers to an individual who is an employer who satisfies the requirements of Self-Insurance under the Act; is permitted to pay direct compensation in the amount and manner and when due as provided for in the Act; legally able to access and view its official, reported data on record at the Commission; designated with the authority to make changes; and designated with the authority to certify information being submitted.

A Self-Insurer is responsible for:

- ✓ Updating contact information
- ✓ Accessing and viewing reported data on file
- ✓ Resetting user passwords
- ✓ Submitting a request for changes
- ✓ Submitting the Annual Survey

REQUEST ACCESS

If you need to be set up as a Self-Insurer, send an e-mail to selfinsurance@workcomp.virginia.gov and include the following information:

- Company issued e-mail address
- Your first and last name
- Your phone number
- Self-Insurer number (example: S0899)

IMPORTANT

Within WebFile, names and addresses are associated with FEINs. If the information that displays in WebFile is incorrect, or if you need to update your organization's list of FEINs, submit a request via e-mail with the correct information to selfinsurance@workcomp.virginia.gov.

WEB BROWSER RECOMMENDATIONS

We recognize that our users may have various Internet Browsers and Operating Systems or devices. We like our users to have the best possible experience when using our WebFile application. The Virginia Workers' Compensation Commission recommends Google Chrome or Firefox for best results or any other modern web browsers with HTML5 and CSS3 compatibility.

Note: If you are using Microsoft Internet Explorer and still encounter problems, please verify that your browser is not operating in Compatibility Mode. For instructions on how to disable Compatibility Mode, click here.

LOGIN & REGISTRATION

BEFORE YOU GET STARTED

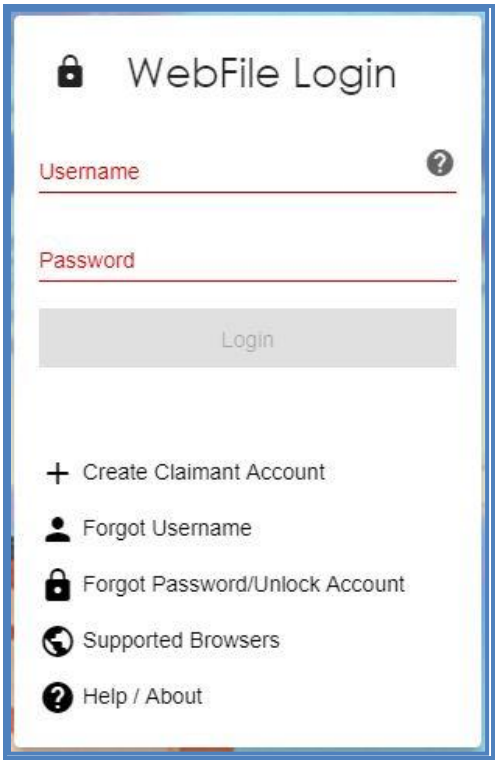
User has been set up in system and a confirmation e-mail has been sent. The user has received an email with login username and temporary password.

STEPS TO COMPLETE

1. Go to the WebFile website at:

   http://webfile.workcomp.virginia.gov/

2. Enter your login username and temporary password.



3. The first time you log in you will need to complete the WebFile enrollment page.
4. Create a username.

5. The current password on this screen is the temporary password that was just sent. Create a new password based on the following criteria:
   - ✓ Must be at least 8 characters in length
   - ✓ Must have at least one number
   - ✓ Must have at least one letter
   - ✓ Must contain one special character (i.e., @, #)

6. Select and answer three security questions. These questions will assist you in case you are ever locked out of the system or forget your password.
7. Review the Terms and Conditions by clicking on the “Terms and Conditions” link in the bottom left hand corner.
8. After reviewing, check the box to accept the Terms and Conditions.
9. Click “Save” to complete your registration.
10. Confirmation message verifying your successful registration is displayed.

CHANGE PASSWORD

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

BEFORE YOU GET STARTED

Remember the WebFile Password Criteria:

- ✓ *Must be at least 8 characters in length*
- ✓ *Must have at least one number*
- ✓ *Must have at least one letter*
- ✓ *Must contain one special character (i.e., @, #)*
- ✓ *Passwords will expire every 90 days and will not be re-usable for 12 months*

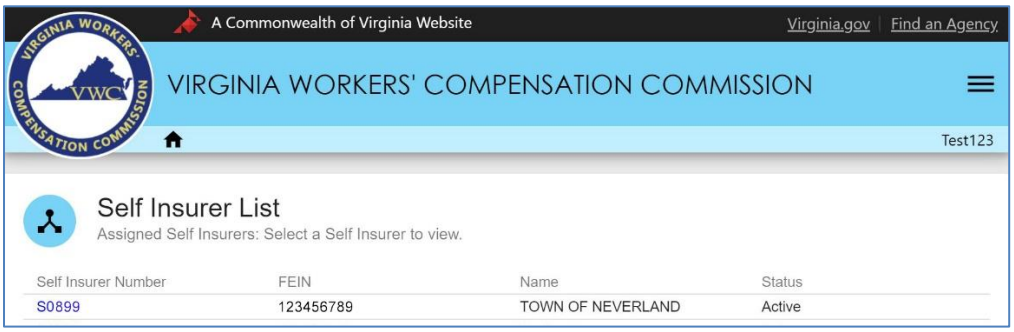
STEPS TO COMPLETE

1. Go to the WebFile website at:

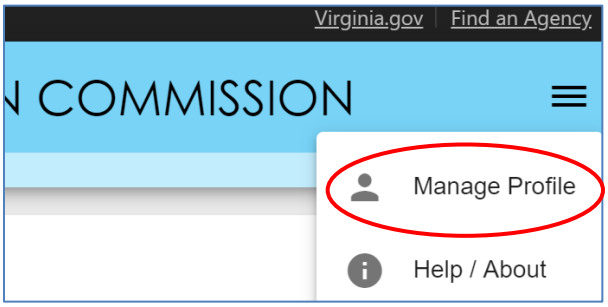
   https://webfile.workcomp.virginia.gov

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

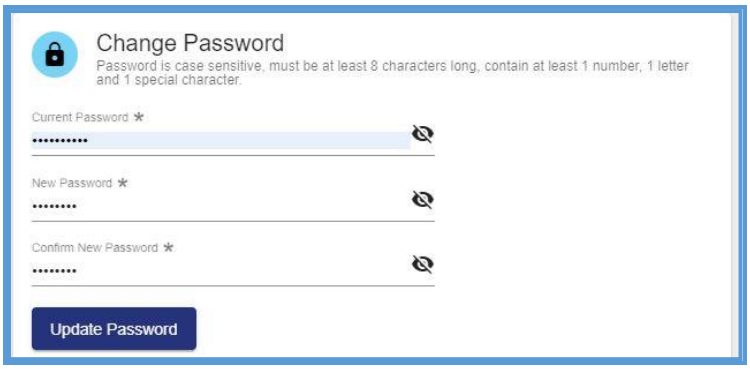
SI WebFile Home Interface



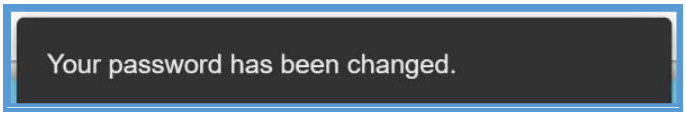
4. Click the menu dropdown (≡) in the top right and select "Manage Profile."



5. Go to the “Change Password” section.
6. Enter the current profile password.
7. Enter and confirm the new password.
8. Click the “Update Password” button.



9. A confirmation message will appear.



Questions regarding WebFile processes should be directed to the Commission at 1-804-729-6407 or please visit http://www.workcomp.virginia.gov/webfile/webfile-support and complete a WebFile Support Request.

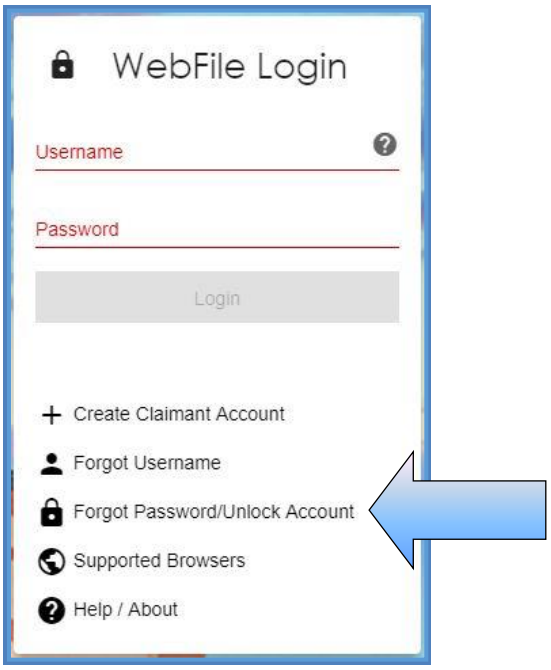
PASSWORD RESET

This section covers how to reset a password.

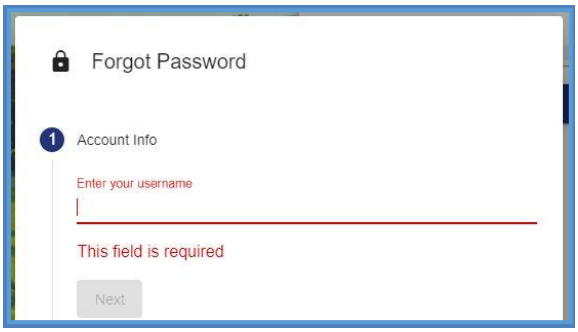
STEPS TO COMPLETE

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

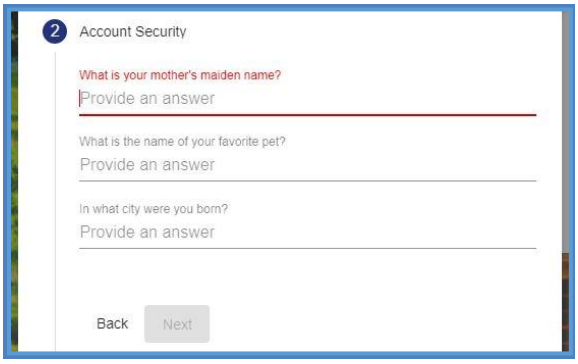
1. Click “Forgot Password/Unlock Account.”



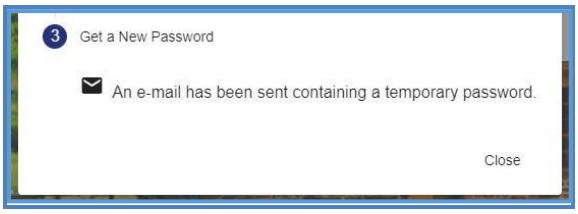
2. Enter your username and click the “Next” button.



3. Answer the three security questions from initial registration and click the “Next” button. Answers are case sensitive.



4. A confirmation message will appear and an email will be sent.



5. Retrieve the email from noreply@workcomp.virginia.gov containing the new, temporary password. **This password will expire in 5 days.** The email could also be in a spam or junk folder.
6. After logging in with your username and temporary password, you will be required to create a new permanent password and set up three new security questions.

If you cannot remember the answers to your security questions, visit http://www.workcomp.virginia.gov/webfile/webfile-support-request and complete a WebFile Support Request or contact selfinsurance@workcomp.virginia.gov.

VIEWING OFFICIAL REPORTED DATA

This section covers viewing officially reported data on record at the Commission.

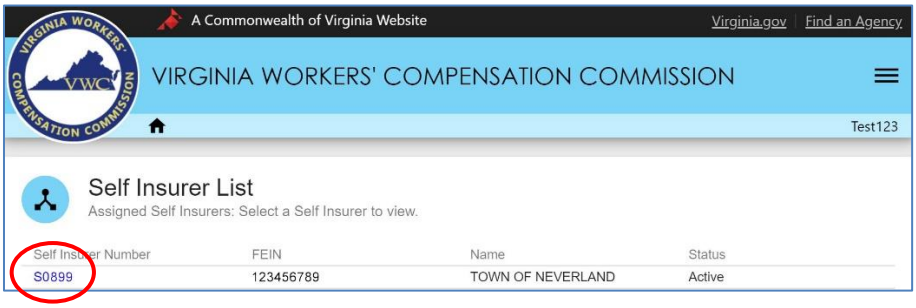
Reported data for the privilege of self-insurance is received from the application for self-insurance, regular annual reports and other correspondence pertaining to requests for amendment to this data. All data can be reviewed by the organization's WebFile users with the exception of audited financial statements, securities and claims statistics.

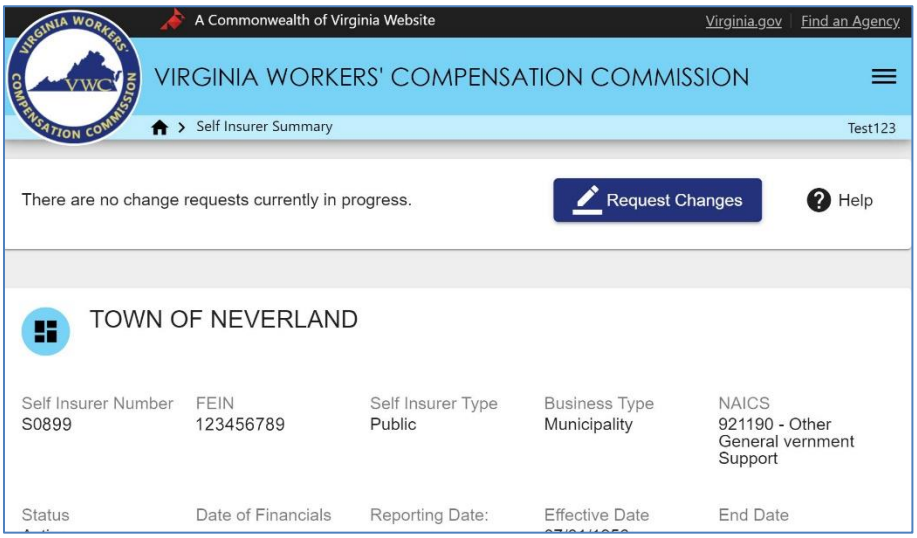
STEPS TO COMPLETE

1. Go to the WebFile website at:

   https://webfile.workcomp.virginia.gov

2. Enter username and password.
3. Click the "Login" button.
4. Select the Self-Insurer Number to access information to a Self-Insurer Summary.





SI SUMMARY

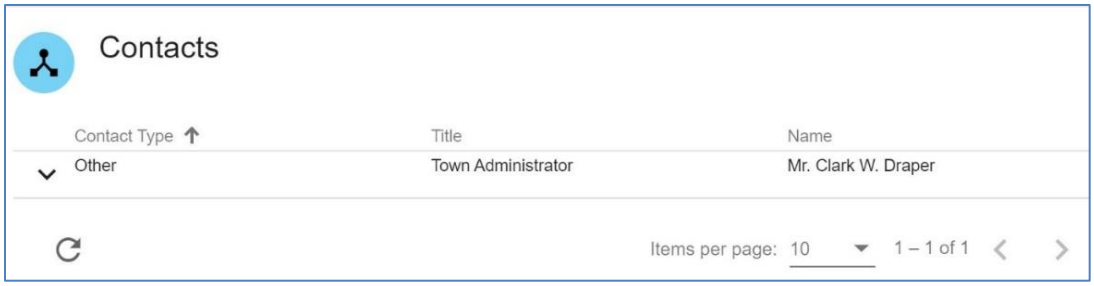
This section covers the Self-Insurer Summary page views and functions.

The SI Summary portlet is divided into six sections:

1. Contacts
2. Subsidiaries
3. Locations
4. Excess Insurance
5. Annual Survey History
6. FEIN History
7. Upload Document

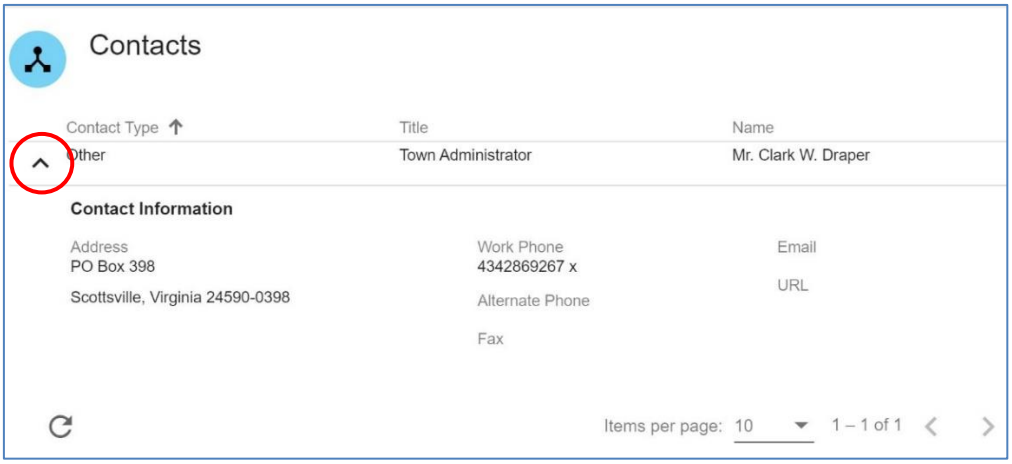
CONTACTS

This section defaults to the Self-Insurers' reported contacts.



QUICK TIPS

Clicking the expand toggle ( ) to the left of a contact type displays additional details.



SUBSIDIARIES

This section displays all reported and approved subsidiaries for the Self-Insurer included in the Self-Insurance Certificate. Expand all sections to verify individual worksite location addresses and number of employees reporting to each location.

Subsidiaries

0 active filters

Name	FEIN	Effective Date	Expiration Date	Status
TEXT INC	[redacted]	09/01/1992		Active
PAUL REVERE LIFE INS CO		09/01/1992	03/27/1997	Inactive
CESSNA AIRCRAFT CO	[redacted]	09/01/1992		Active
GREENLEE TEXTRON INC	[redacted]	09/01/1992		Active
TEXTRON FINANCIAL CORP	[redacted]	09/01/1992		Active
CUSHMAN INC		09/01/1992	01/01/2002	Inactive
TEXT 3 PETE	[redacted]	09/01/1992		Active
AVCO FINANCIAL SERVICES MANAGEMENT CO		09/01/1992	01/06/1999	Inactive
CAMCAR LLC		09/01/1992	08/11/2006	Inactive
CAMCAR DIVISON OF TEXTRON		09/01/1992	03/13/2006	Inactive

Items per page: 10 1 – 10 of 34

Expanded Subsidiary View

CAMCAR DIVISON OF TEXTRON 09/01/1992 03/13/2006 Inactive

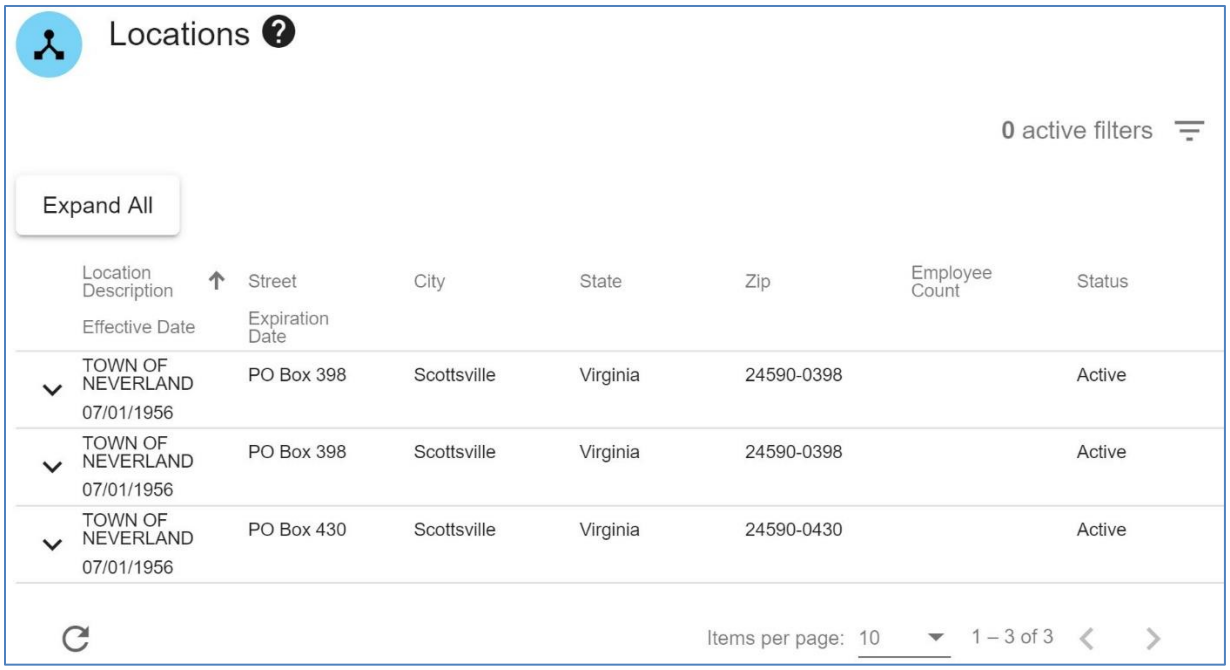
Locations

	Location Description	Address	Employee Count	Nature of Operations	Status	Effective Date	Expiration Date
	CAMCAR DIVISON OF TEXTRON	FORMER NAME WYTHEVILLE , Virginia,			Inactive	09/01/1992	03/13/2006

Items per page: 10 1 – 10 of 34

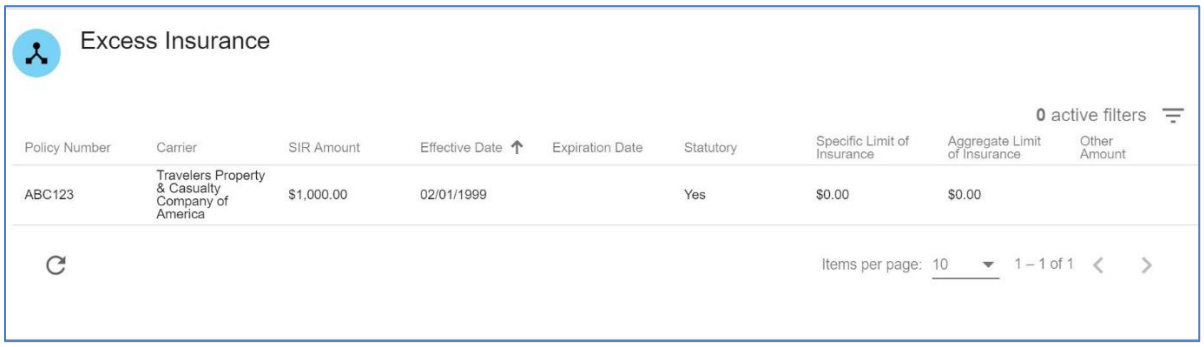
WORKSITE LOCATION ADDRESSES

This section contains all worksite location reporting into the main employer (name on the Self-Insurance Certificate and shown on the summary portlet).



EXCESS INSURANCE

This section displays each period of excess insurance coverage. In some instances, there will be gaps in coverage dates. Generally, this means the Commission does not have an official record of excess coverage during that period. If there are any questions regarding the gap in coverage dates, please submit those questions to selfinsurance@workcomp.virginia.gov.

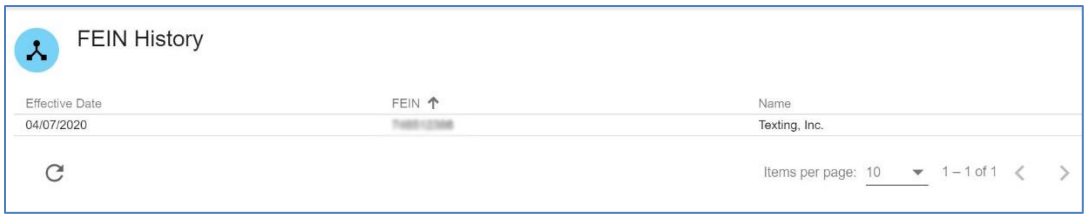


ANNUAL SURVEY HISTORY

This section shows the receipt dates of Annual Surveys.

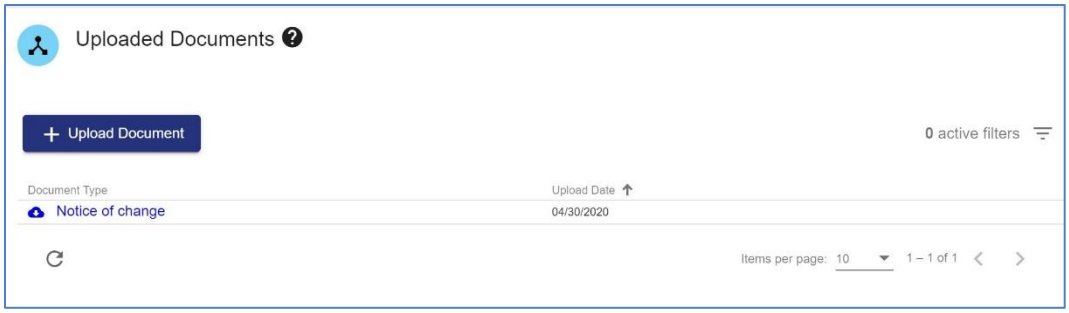
FEIN HISTORY

FEIN History displays changes made to the FEIN following the acceptance of the Self-Insurance certificate.



UPLOADED DOCUMENTS

This section allows Self-Insurers to view uploaded documents. The documents are viewable in PDF format.



CRITICAL TIPS FOR MODIFYING AND UPDATING DATA

INTERNET BROWSER

- Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting location addresses, the location address you enter may be overridden by previously stored data.

WORKSITE LOCATION ADDRESSES

When updating existing data, please **modify** only, **do not delete**. If a location warrants a deletion, send an email to selfinsurance@workcomp.virginia.gov with the deletion request and an explanation. All changes to worksite locations include subsidiary worksite locations and main worksite locations address.

If a worksite…

- **has closed**, please provide the closing date in the expiration field.
- **has moved to a new location**, expire/close the old location with an expiration date. Create a new location with the updated information and effective date of the new location address.
- **is a personal home for "work from home employees,"** enter the following:

  For Location Description = Work from Home
  For Street Address = No physical address
  For City, State, Zip = The city, state, and zip code from the employee's personal address

  Once entered, override the address validation.

- **is being entered new for the first time and has been entered with wrong information,** or entered by mistake, you have the option to delete the location before hitting the submit button.
- **has an effective and expiration date,** you feel is incorrect, do not change those dates. Instead, send an email to selfinsurance@workcomp.virginia.gov notifying us that there is a discrepancy in the dates and provide an explanation.

Uploading Documents

- All documents should be submitted in PDF form.
- Submitted documents will be available to view after review and approval by the Self-Insurance program at the Commission. If verification of receipt is needed, please email selfinsurance@workcomp.virginia.gov once the Annual Survey is complete and submitted.

Submitting the Annual Survey

- Once you receive your email notification that your Annual Survey is due, please initiate and complete your Annual Survey at or before the reporting date. If your Annual Survey is not received at or before the reporting date, you will receive a demand(s) asking you to explain why the Annual Survey has not been submitted by the reporting date and requesting you submit the report by a specified date. Failure to submit the Annual Survey or respond to the notices issued by the Commission may result in the Commission issuing a Judicial Order to submit the documents and if the documents are not presented with the timeframe, a **Show Cause** will be issued against the employer to appear before the Commission to show cause why the certificate of Self-Insurance should not be revoked pursuant to 16 VAC 30-80-70**.**

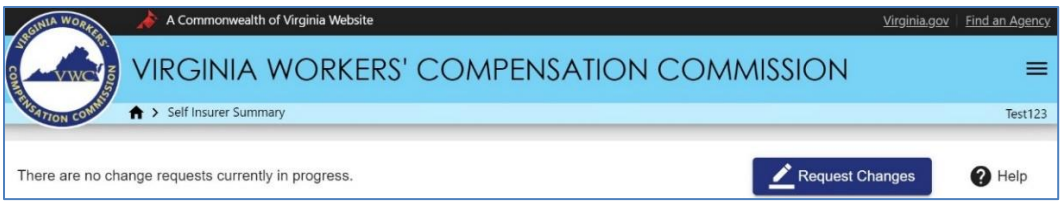
  Note: Once you have received your initial email stating your Annual Survey is due, this locks the system to only allow Self-Insurers to input data. The Self-Insurance staff at the Commission will not be allowed to change or update the system during that time.

  Once you have submitted your Annual Survey, you will receive an email that your Annual Survey was submitted.

REQUEST CHANGES

This section covers making or requesting changes to self-insurer data outside of the Annual Survey process.

1. Click the “Request Changes” button located at the top of the page.

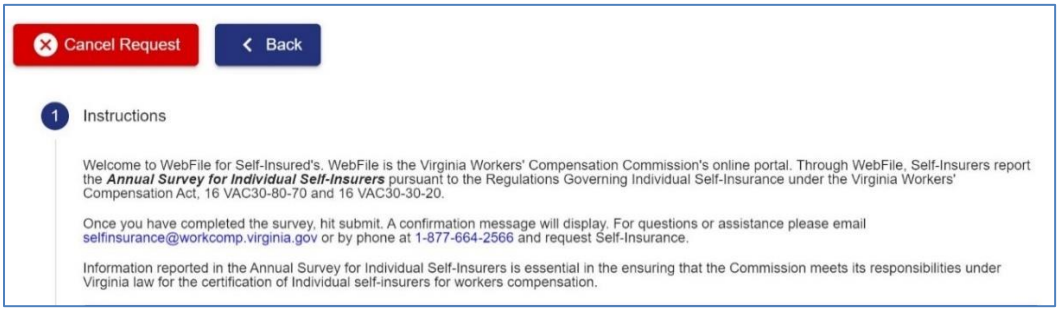


IMPORTANT

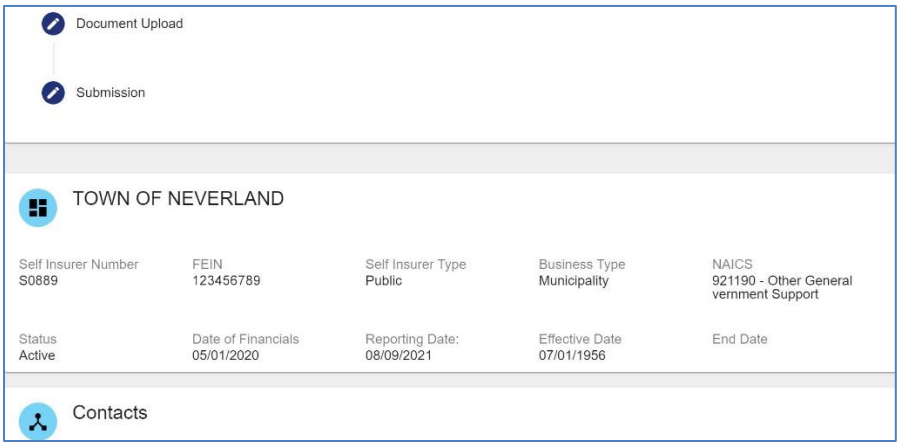
The “Request Changes” button is available throughout the year, however is not available when the Annual Survey is due, or if there is an unfinished pending change request. The Annual Survey will be available 90 days prior to your due date.

Any pending/unfinished change request updates will not be saved if not submitted before the 90-day mark before your due date.

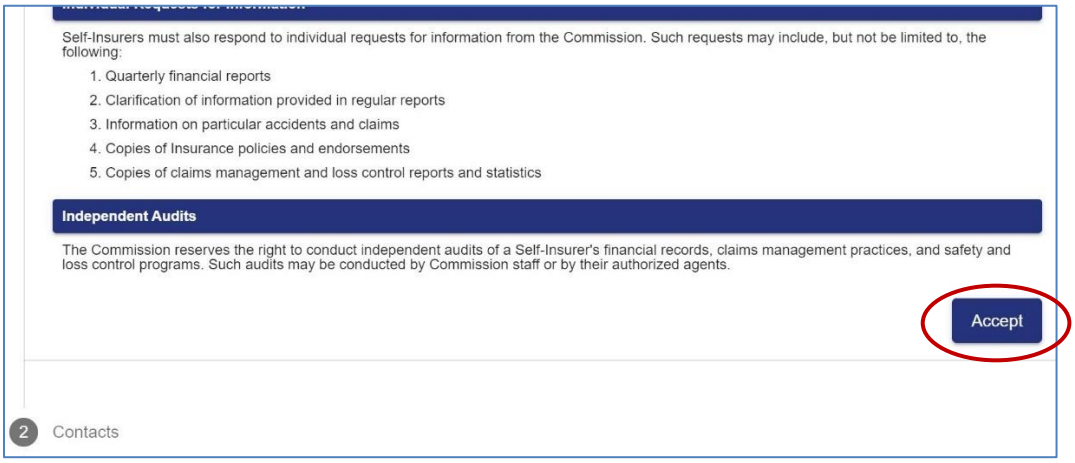
2. Read the Request Changes instructions.



Note: The bottom section "SI Summary" is for viewing only. All changes should be made through the Request Changes function.

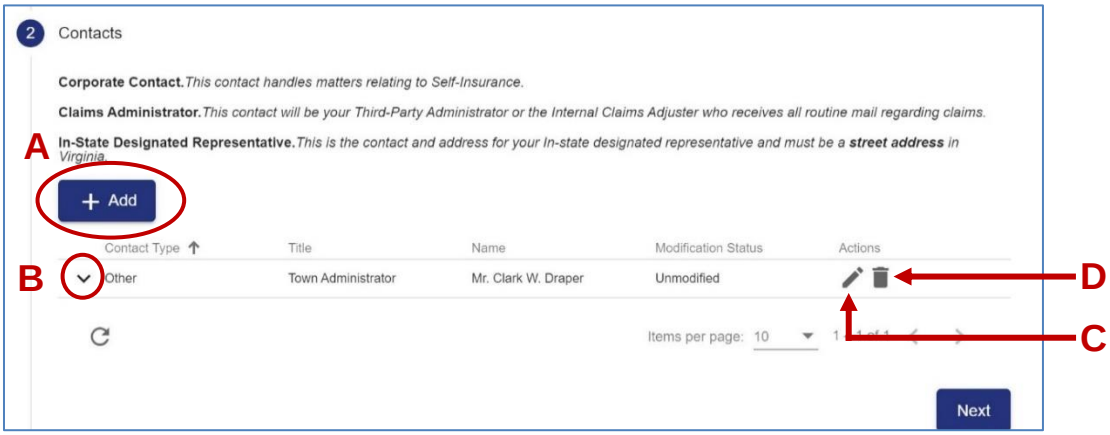


3. Press the "Accept" button to continue to the Contacts section.



CONTACTS

1. Review the contact information listed.



A. **Add Button:** Clicking the "**Add**" button allows you to add a new contact.

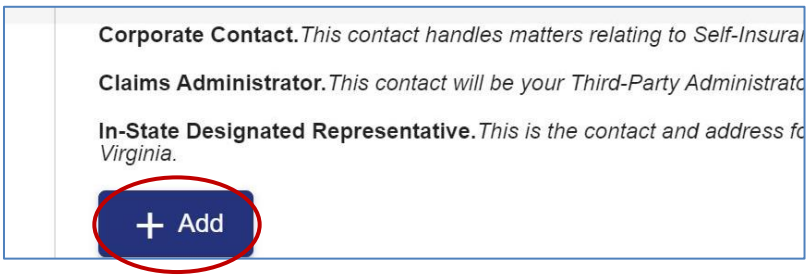
B. **Expand Toggle:** Clicking the "**Expand**" toggle allows you to view additional details.

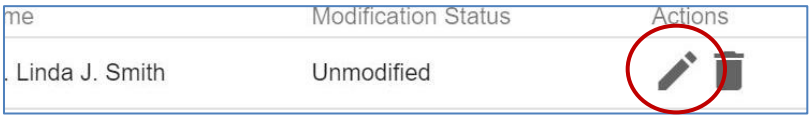
C. **Edit Button:** Clicking the "**Edit**" button allows you to modify an existing contact.

D. **Remove Button:** Clicking the "**Remove**" button allows you to remove a contact from the contact list.

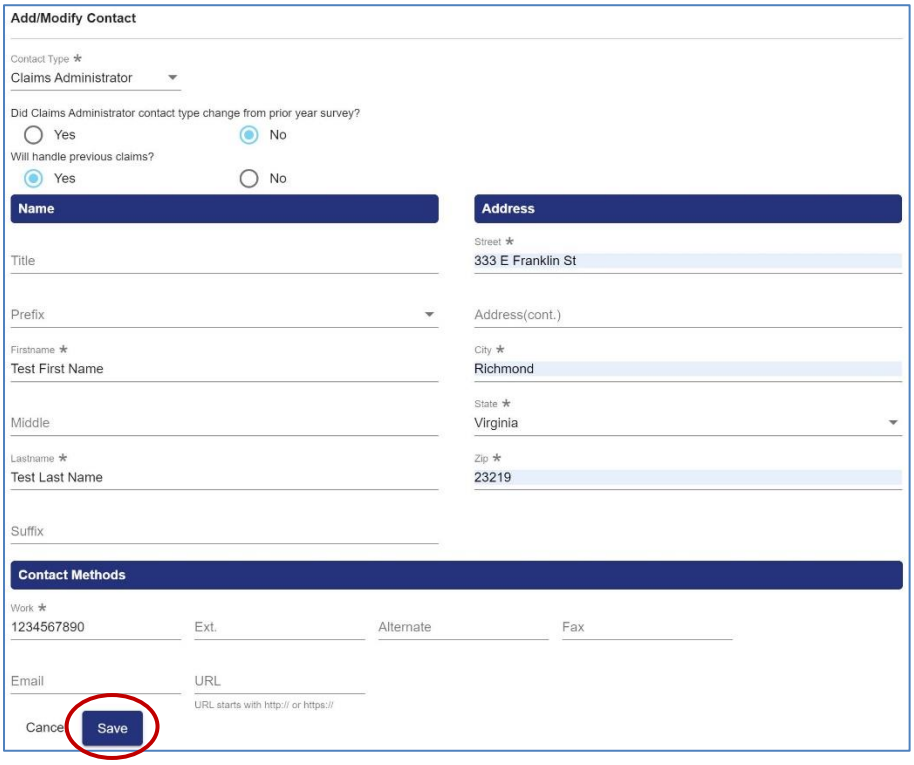
ADDING/MODIFYING CONTACTS

1. Click the "Add" button to create a new contact or click the "Edit" button to modify an existing contact.





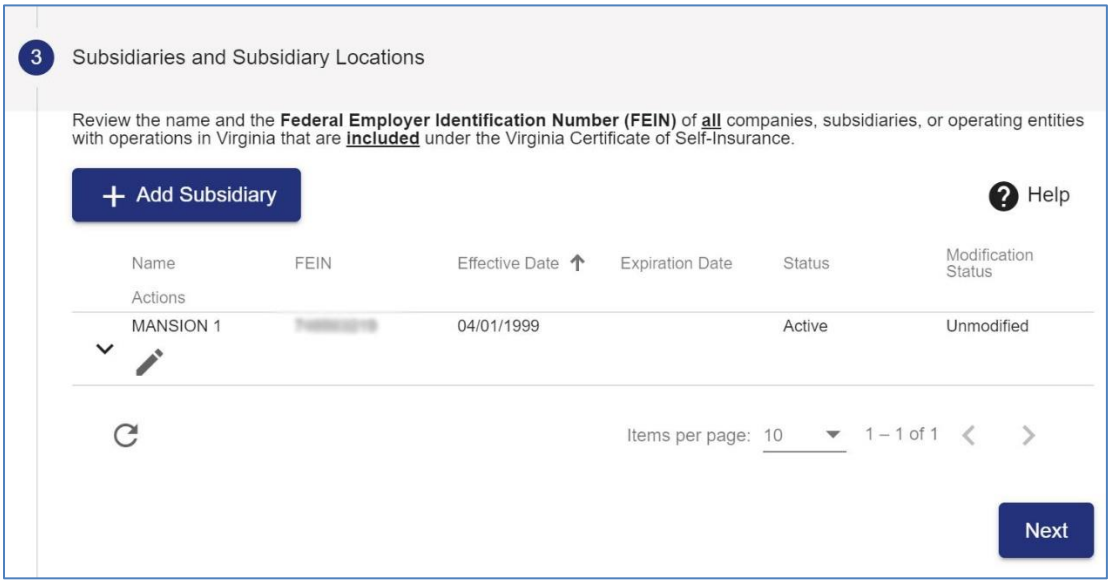
2. Complete the blank fields and make sure all required fields marked with an asterisk (*) are complete.
3. Click the “Save” button.



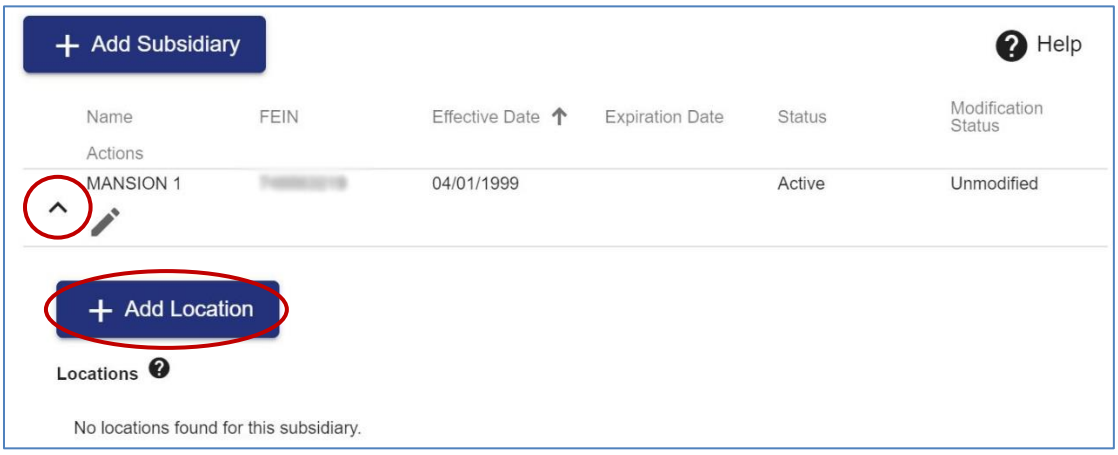
4. Click the “Next” button to continue to the Subsidiaries section.

SUBSIDIARIES

1. Review the subsidiary information listed.

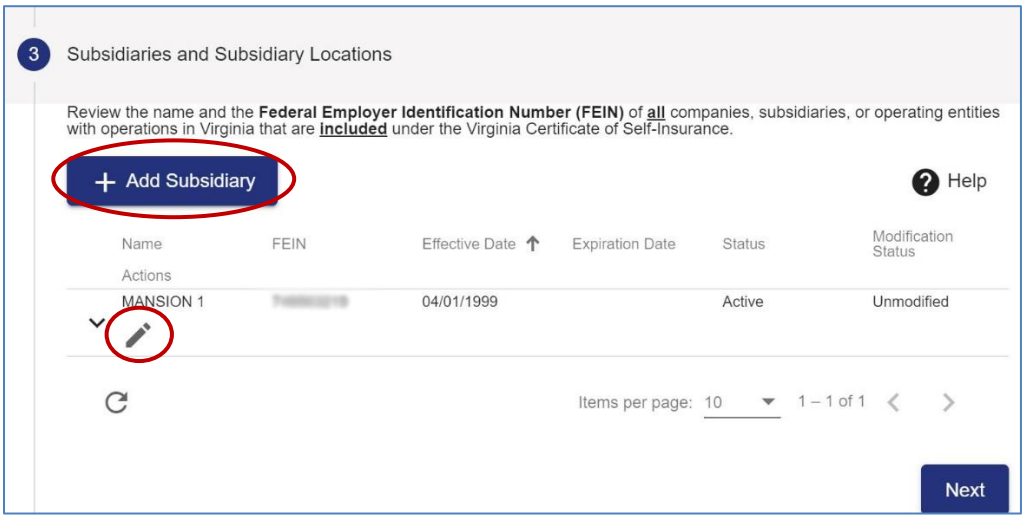


Note: Clicking the expand toggle to the left of a subsidiary allows you to view, add, modify, or delete location addresses associated with that subsidiary.

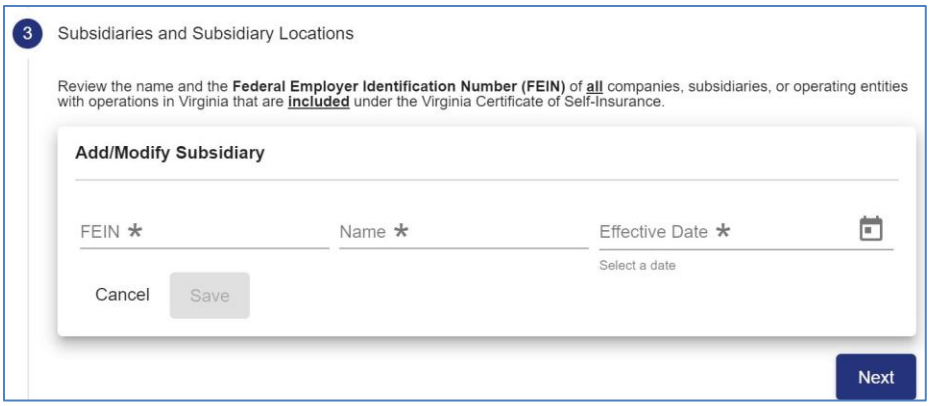


ADDING/MODIFYING SUBSIDIARIES

1. Click the “Add Subsidiary” button to create a new subsidiary or click the “Edit” button to modify an existing subsidiary.



2. Complete the blank fields and make sure all required fields marked with an asterisk (*) are complete.
3. Click the “Save” button to continue.



IMPORTANT

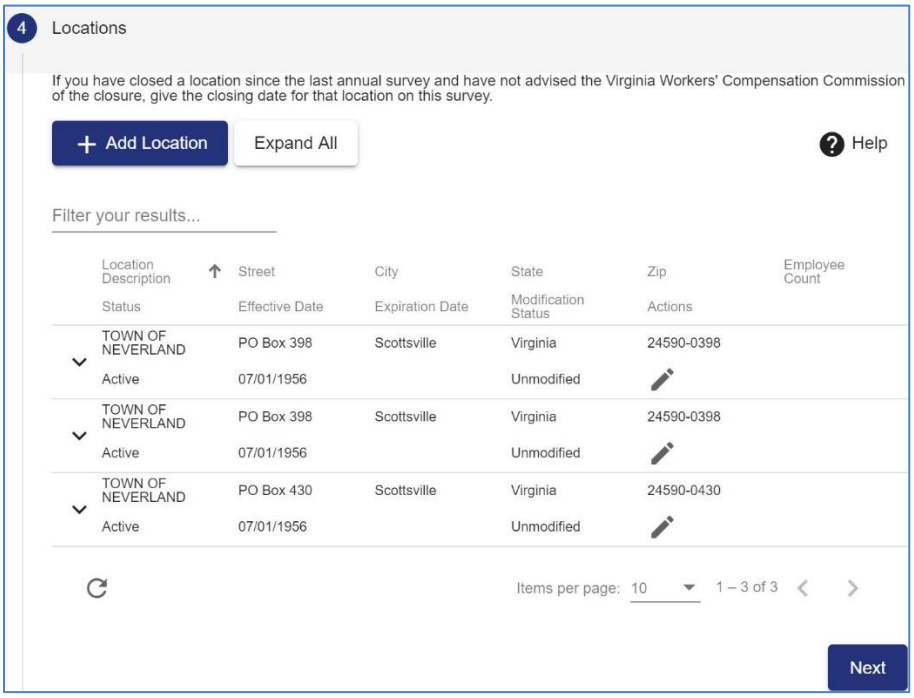
Once a new subsidiary is entered and saved, and the complete Annual Survey is submitted, it has to be approved by the Commission before it will show within the SI Summary view. No payroll information is needed within SI WebFile for new subsidiaries. Attach all detailing subsidiary information when uploading documents.

4. Click the “Next” button to continue to the Locations section.

LOCATIONS

The location addresses displayed under this section report directly from the main employer (name on the self-insurance certificate and shown in the summary portlet). All other location addresses are displayed under the Subsidiary section.

1. Review the Locations information listed.
2. Expand each section to verify and/or input the number of employees and nature of operations for each location.



QUICK TIPS

Existing data can be modified but not deleted. If there is an instance where a deletion is necessary, provide the detailed location information and reason for deletion to selfinsurance@workcomp.viriginia.gov.

Entering a new location requires the mandatory fields of location address, effective date, number of employees and nature of operations. The deletion option is available in this instance only.

IMPORTANT

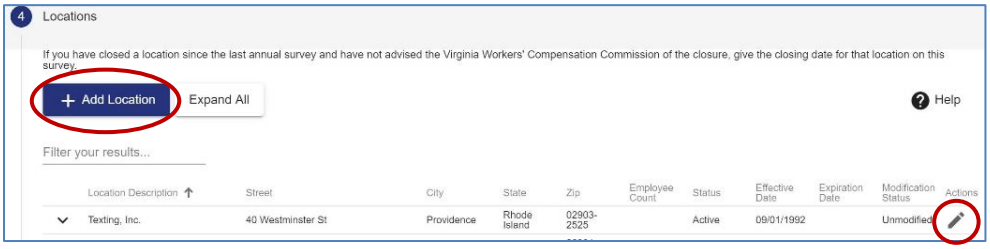
Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting locations addresses, the location address you enter may be overridden by previously stored data. Please disable this function to aide in data accuracy.

ADDING/MODIFYING LOCATIONS

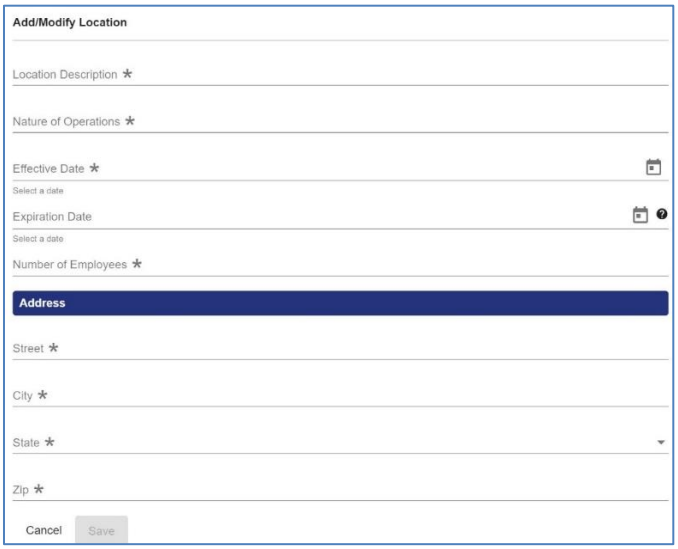
IMPORTANT

Virginia employees classified to work from home should: *insert "Work from home" in the Location Description; insert "No physical location" in the Street Address if the location is a full-time work from home employee; and input the City, State and Zip Code of their personal address. Once entered, override the address validation.*

1. Click the "Add Location" button to create a new location or click the "Edit" button modify an existing location.



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



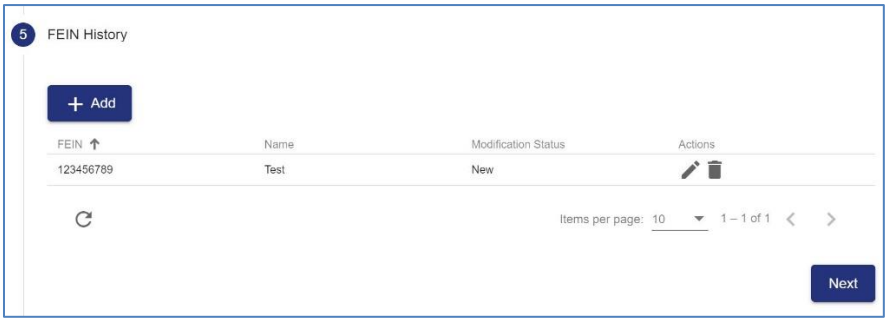
QUICK TIPS

All updates should be completed in SI WebFile, however if you want to receive a list of your locations in excel form, please email selfinsurance@workcomp.virginia.gov.

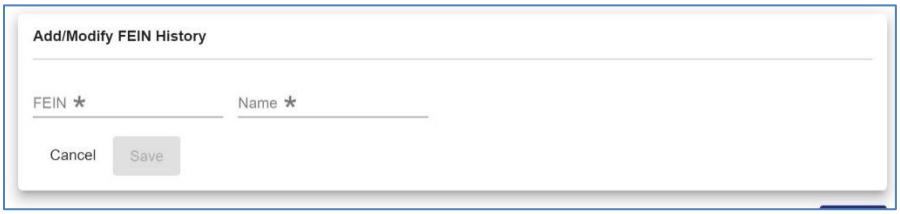
3. Click the "Next" button to continue to the FEIN History section.

FEIN HISTORY

1. Click the “Add” button to create FEIN History or click the “Edit” button to modify an existing FEIN History.



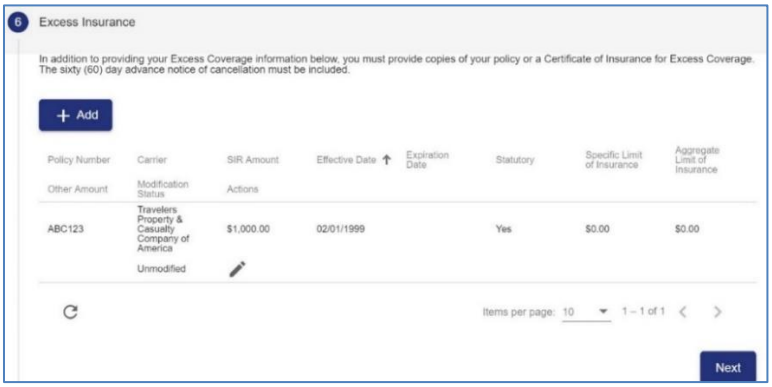
2. To add or edit FEIN History you will need to enter a FEIN and Name.



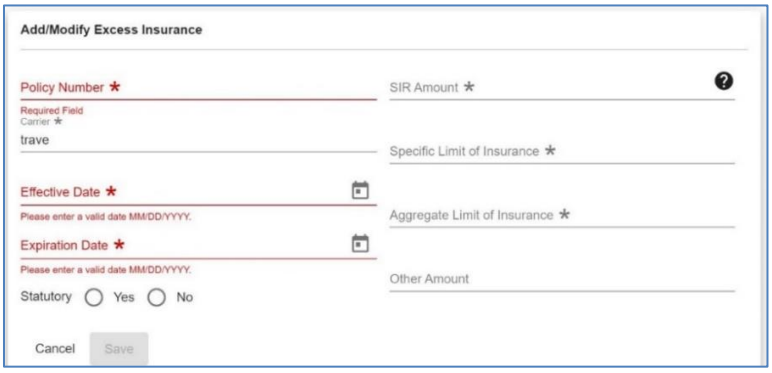
3. Click the “Save” button.
4. Click the “Next” button to continue to the Excess Insurance section.

EXCESS INSURANCE

1. Review Excess Insurance information.



2. Click the “Add” button to create an excess insurance or click the “Edit” button to modify an existing excess insurance.
3. Complete the blank fields and make sure all required fields marked with an asterisk (*) are complete.
4. Only the approved SIR Amount or lesser value can be entered.



5. Click the “Save” button.
6. Click the “Next” button to continue to the Document Upload section.

IMPORTANT

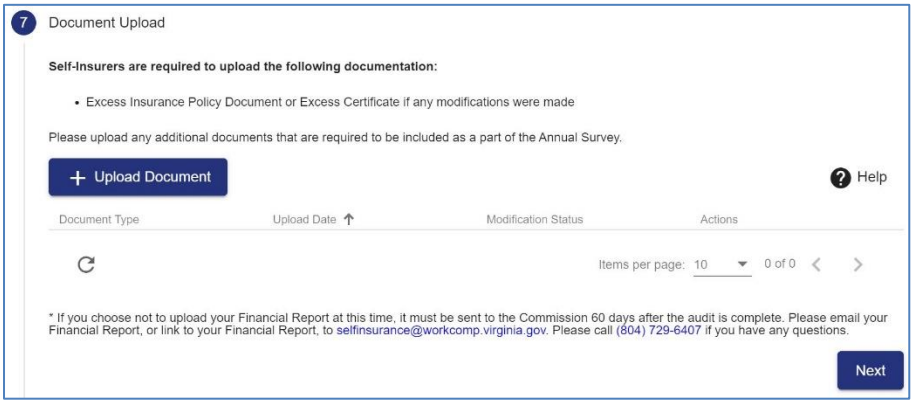
Excess Insurance data cannot be deleted. If there is a discrepancy in previous reported excess coverage, email selfinsurance@workcomp.virginia.gov.

DOCUMENT UPLOAD

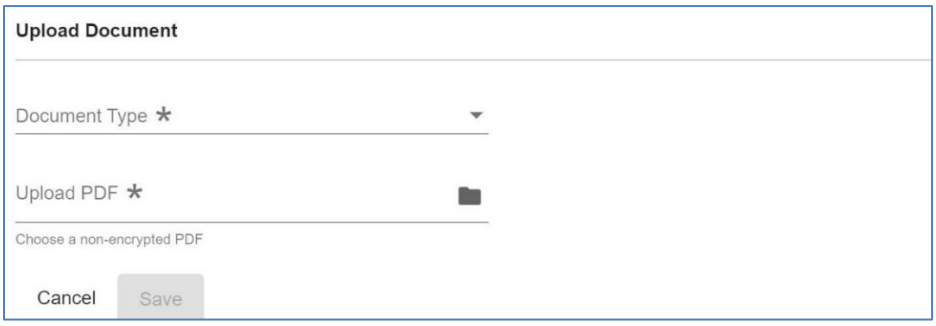
QUICK TIPS

The maximum size capacity for all documents being uploaded in any one Annual Survey session or Request Changes session is 15 mb. If the total size of all documents exceeds 15 mb, remove the largest document and hit submit. Then initiate a new Request Changes session to upload the additional document.

1. Click the “Upload Document” button to add a new document.



2. Select a Document Type and choose the PDF file to upload.



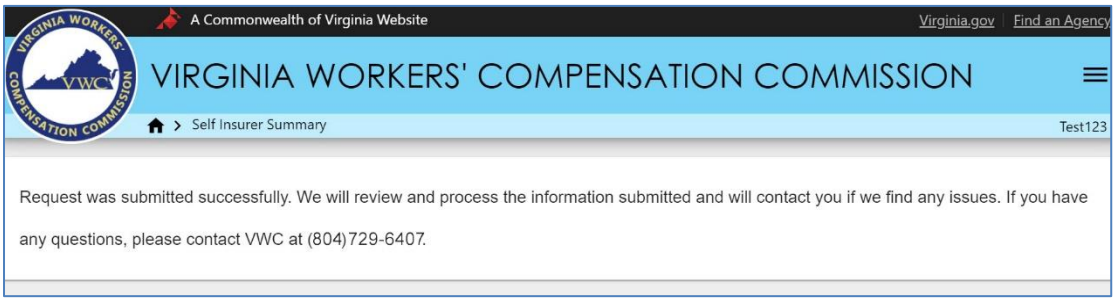
3. Click the “Save” button.

Note: Once a document is uploaded, it will be visible to the user. If you choose not to upload your Financial Report, it must be uploaded to SI WebFile 60 days after the audit is complete. You can also submit a link to your Financial Report to selfinsurance@workcomp.virginia.gov.

4. Click the “Next” button to continue to the Submission section.

CHANGE REQUEST SUBMISSION

1. Review all information provided and enter signatures.
2. Click the “Submit” button to complete the change request.



Note: You will receive a confirmation email after a change request is submitted. Change requests will reflect in SI WebFile once reviewed and accepted. If the changes are **not** reflected in SI WebFile, an email notification will be sent regarding submission requirements.

SUBMITTING AN ANNUAL SURVEY

This section covers completing an Annual Survey and submitting supporting documentation to the Commission.

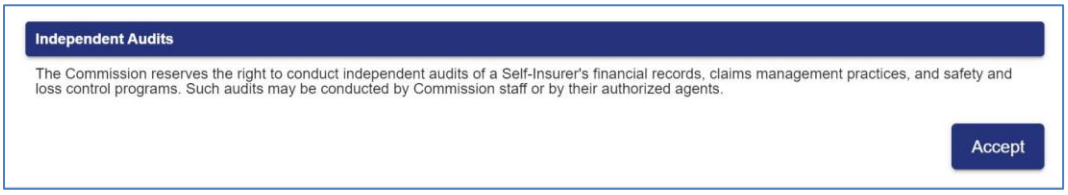
IMPORTANT

The "Complete Annual Report" button is available once a year, 90 days before your Annual Survey date. Starting the Annual Survey will delete/close any incomplete (open/saved) change requests.

1. Click the "Complete Annual Report" button located at the top of the page.

2. Read the Annual Survey instructions.

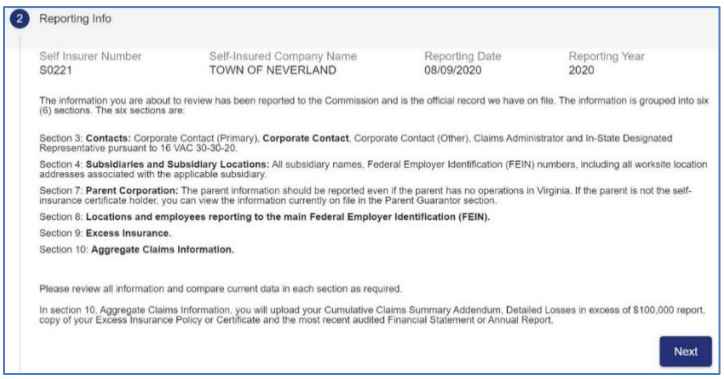
Note: The bottom section "SI Summary" is for viewing only. All changes should be made through the Request Changes function.



3. Press the "Accept" button to continue to the Reporting Info section.

REPORTING INFO

1. Review the reporting information listed and compare current data in each section as required.

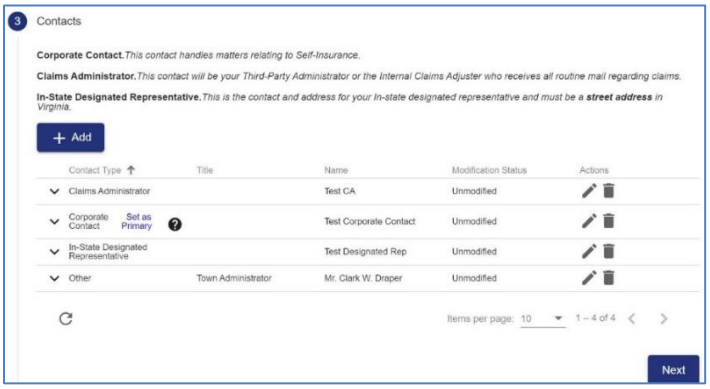


2. Click the “Next” button to continue to the Contacts section.

CONTACTS

1. Review contacts information.
2. Click the “Add” button to create a new contact or click the “Edit” button to modify an existing contact.

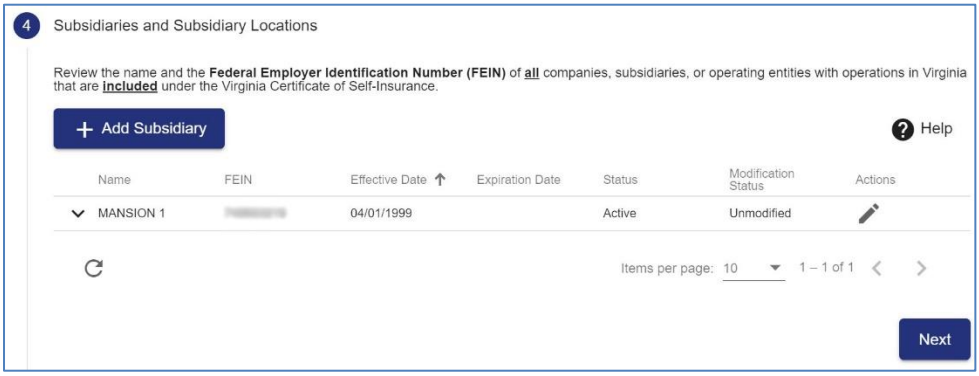
   Note: The “Contact Type” dropdown will populate any contact type that is not currently in use. If the contact type is not within the dropdown, it is because the contact type already exists and must be modified.



3. Click the “Next” button to continue to the Subsidiaries and Subsidiary Locations section.

SUBSIDIARY AND SUBSIDIARY LOCATIONS

1. Review the name and the FEIN of all companies, subsidiaries, or operating entities with operations information.
2. Click the “Add Subsidiary” button to create a new subsidiary or click the “Edit” button to modify an existing subsidiary.



IMPORTANT

Per regulation 16 VAC 30-80-70B, all requests requiring approval, such as a new subsidiary, has to be approved by the Commission before it will show within the Summary View. Attach all detailing subsidiary information, including payroll information, when uploading documents.

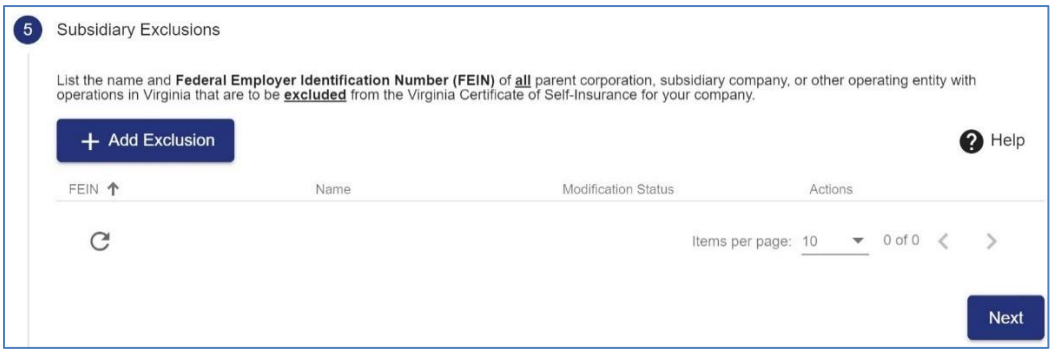
3. Click the “Next” button to continue to the Subsidiary Exclusion section.

IMPORTANT

Subsidiaries should not be deleted! If a subsidiary no longer exists or is not included under the Self-Insurance Certificate, please enter the expiry date for that subsidiary.

SUBSIDIARY EXCLUSIONS

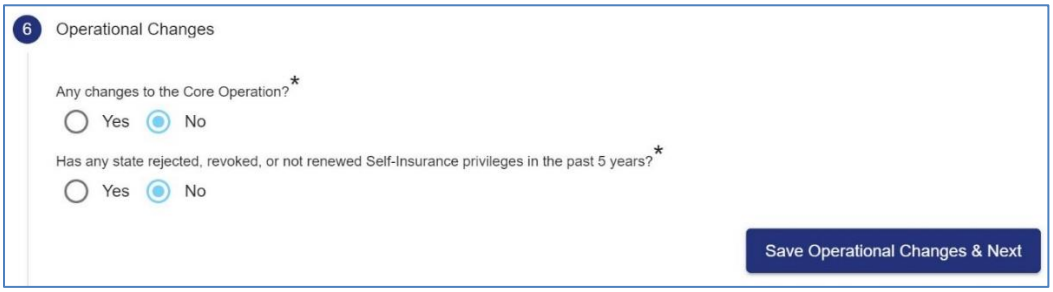
1. Review Subsidiary Exclusions.
2. Click the “Add Exclusion” button to create a new exclusion or click the “Edit” button to modify an existing subsidiary exclusion.



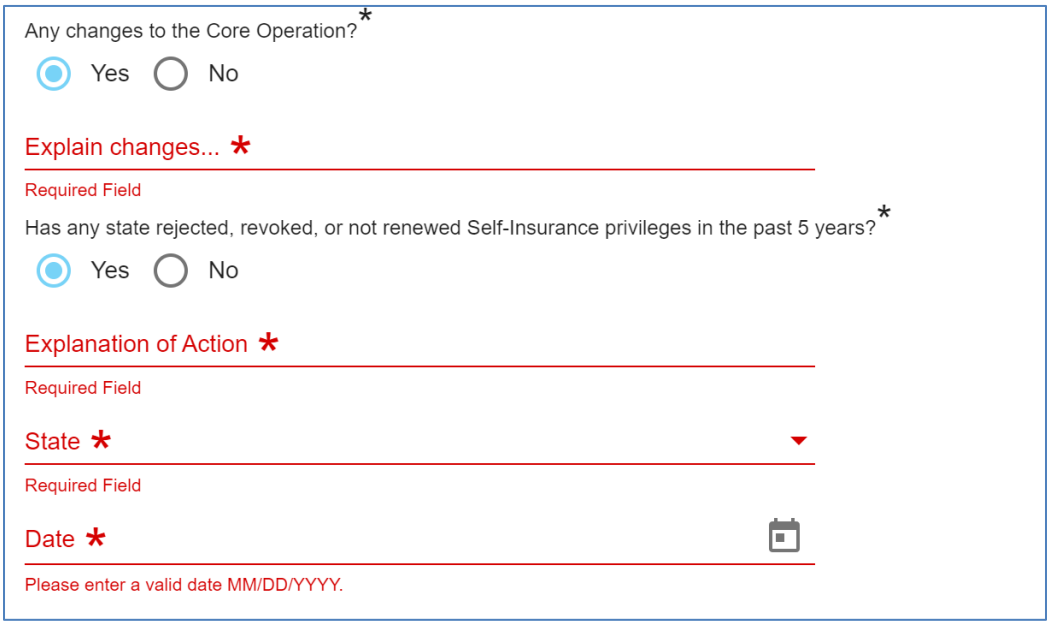
3. Click the “Next” button to continue to the Operational Changes section.

OPERATIONAL CHANGES

1. List any core operation changes since the last Annual Survey.



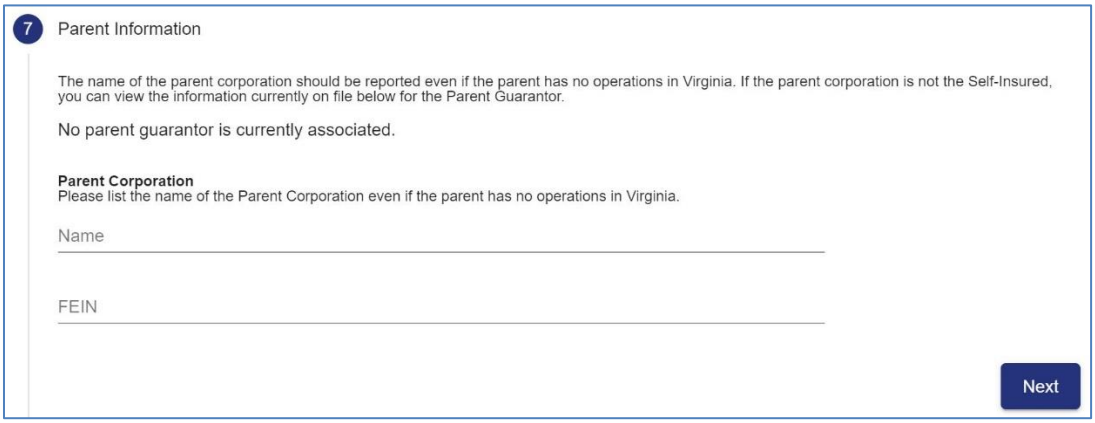
2. If yes was selected, explain the changes and make sure all required fields marked with an asterisk (*) are complete.



3. Click the “Save Operational Changes & Next” button to continue to the Parent Information section.

PARENT INFORMATION

1. Review Parent information.



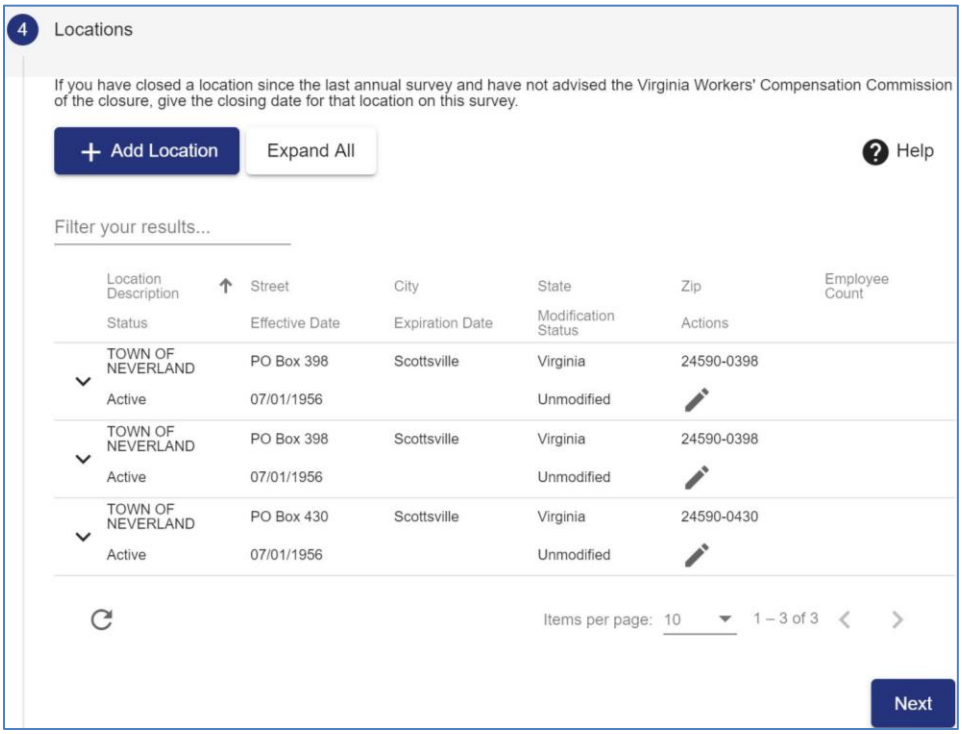
IMPORTANT

The name of the parent corporation should be reported even if the parent has no operations in Virginia. If the parent corporation is not the Self-Insured, you can view the information currently on file below for the Parent Guarantor.

2. Click the “Next” button to continue to the Locations section.

LOCATIONS

1. Review the Locations information listed.
2. Expand each section to verify and/or input the number of employees and nature of operations for each location.



QUICK TIPS

Existing data can be modified but not deleted. If there is an instance where a deletion is necessary, provide the detailed location information and reason for deletion to selfinsurance@workcomp.viriginia.gov.

Entering a new location requires the mandatory fields of location address, effective date, number of employees and nature of operations. The deletion option is available in this instance only.

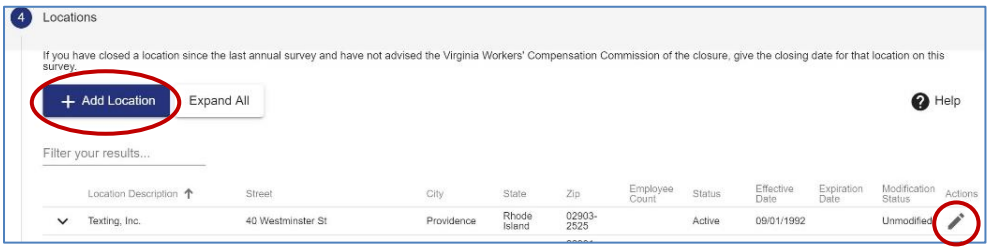
IMPORTANT

Always check the settings on your internet browser. If autofill is enabled on your browser settings when inputting locations addresses, the location address you enter may be overridden by previously stored data. Please disable this function to aide in data accuracy.

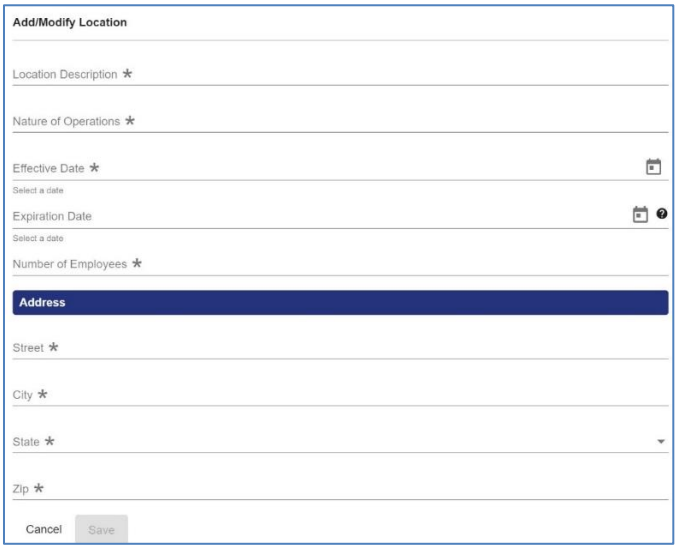
IMPORTANT

Virginia employees classified to work from home should: *insert "Work from home" in the Location Description; insert "No physical location" in the Street Address if the location is a full-time work from home employee; and input the City, State and Zip Code of their personal address. Once entered, override the address validation.*

3. Click the "Add Location" button to create a new location or click the "Edit" button modify an existing location.



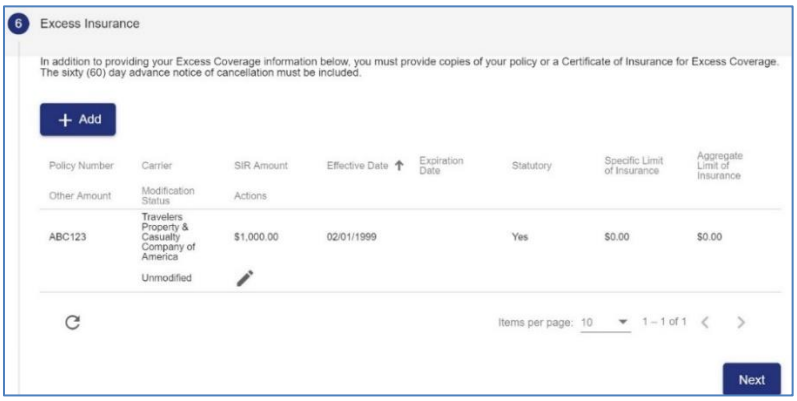
4. Complete the blank fields and make sure all required fields marked with an asterisk (*) are complete.



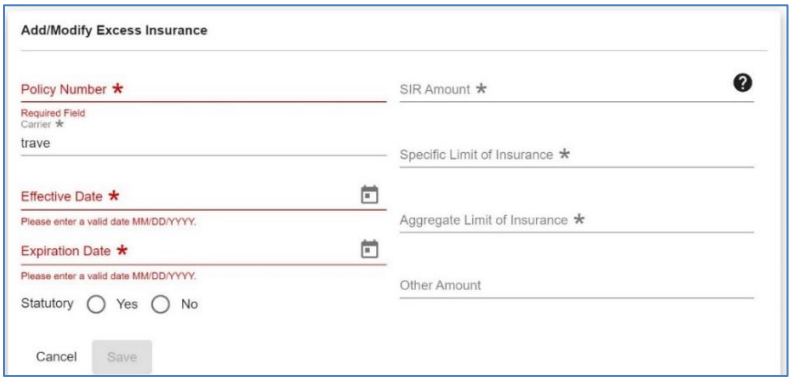
5. Click the "Save" button.
6. Click the "Next" button to continue to the Excess Insurance section.

EXCESS INSURANCE

When entering the most current excess insurance policy information, a list of insurance carriers on record will populate upon entering your carrier name. If the carrier is not within that list please email selfinsurance@workcomp.virginia.gov to have them added to the list.



1. Click the “Add” button.
2. Complete the blank fields and make sure all required fields marked with an asterisk (*) are complete.



3. Click the “Save” button.
4. Click the “Next” button to continue to the Document Upload section.

IMPORTANT

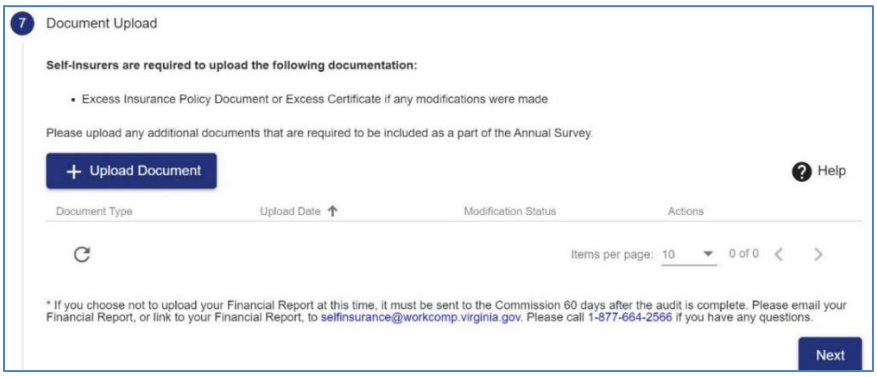
Excess Insurance data cannot be deleted. If there is a discrepancy in previous reported excess coverage, email selfinsurance@workcomp.virginia.gov.

DOCUMENT UPLOAD

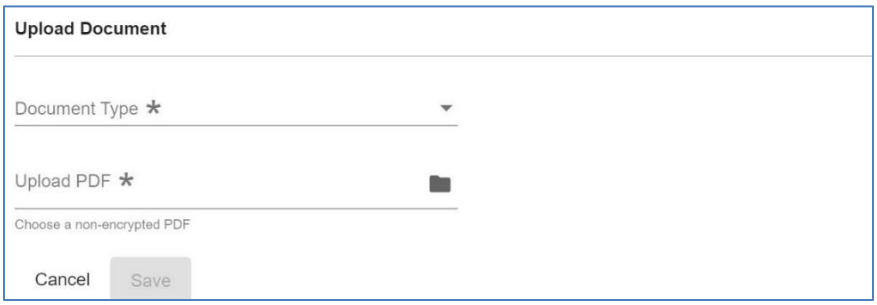
QUICK TIPS

The maximum size capacity for all documents being uploaded in any one Annual Survey session or Request Changes session is 15 mb. If the total size of all documents exceeds 15 mb, remove the largest document and hit submit. Then initiate a new Request Changes session to upload the additional document.

1. Click the “Upload Document” button to add a new document.



2. Select a Document Type and choose the PDF file to upload.



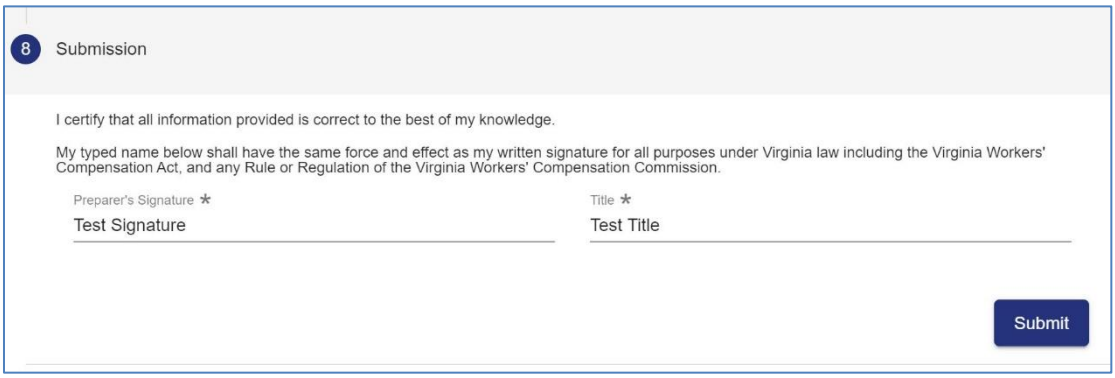
3. Click the “Save” button.

Note: Once a document is uploaded, it will be visible to the user. If you choose not to upload your Financial Report, it must be uploaded to SI WebFile 60 days after the audit is complete. You can also submit a link to your Financial Report to selfinsurance@workcomp.virginia.gov.

4. Click the “Next” button to continue to the Submission section.

ANNUAL SURVEY SUBMISSION

1. Review the submission statement.
2. Enter signature and title.
3. Click the “Submit” button to complete the Annual Survey submission.



Note: You will receive a confirmation email after you submit your Annual Survey. The Annual Survey is reviewed within 30 days of the submission date and will reflect in SI WebFile if accepted.

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.

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, WebFile Users may contact the Commission for WebFile support by emailing: selfinsurance@workcomp.virginia.gov.

Self-Administered Self-Insurers acting as their own claims administrators may contact the Commission for EDI-related support by emailing EDI.Support@workcomp.virginia.gov.