



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

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“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.

## USERNAME

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

## 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

- ✓ 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 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.

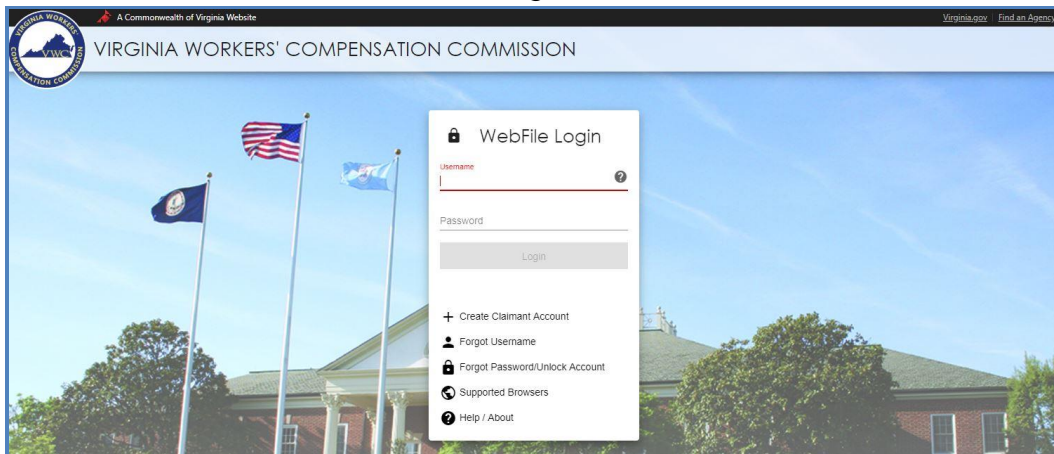


## STEPS TO COMPLETE

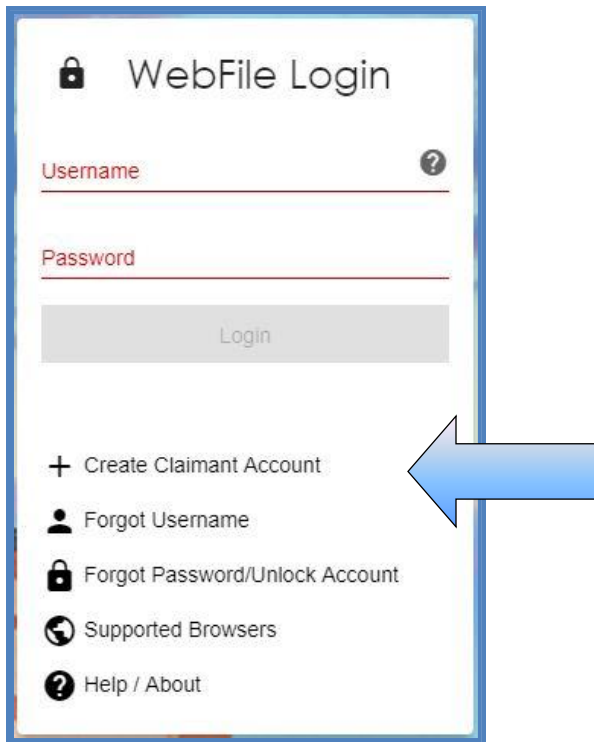
1. Go to the WebFile website at:

[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.

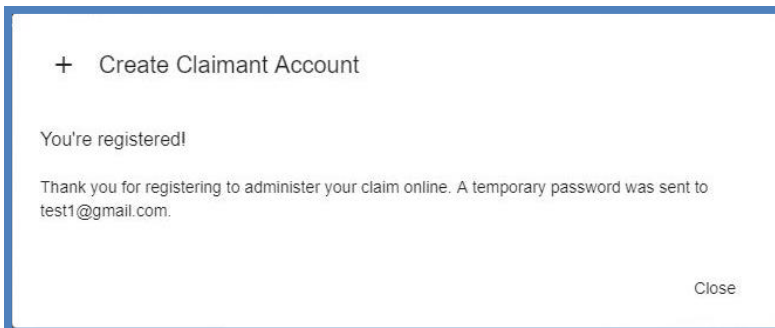
A screenshot of the 'Create Claimant Account' registration form. The form is enclosed in a blue border. At the top left is a plus sign followed by the text '+ Create Claimant Account'. Below this is a paragraph of text: 'ONLY complete registration here if you are an Injured Worker/Claimant. By creating an account you will not have access to any claim information until a PIN is entered. Upon completing this page, you will be e-mailed a temporary password. Return to this page and log in using the Email Address provided and temporary password to complete registration. Once registration is complete, you will be able to View your claim(s) using the PIN mailed to you.' Below the text are several input fields: 'Email \*' (with a red asterisk and a red underline), 'First Name \*' (with a red asterisk), 'Middle Name', and 'Last Name \*' (with a red asterisk). Below the input fields are two checkboxes: 'I am an Injured Worker/Claimant' and 'I accept Terms and Conditions'. At the bottom left is a reCAPTCHA logo with the text 'protected by reCAPTCHA' and 'Privacy - Terms'. At the bottom right are two buttons: 'Register' and 'Close'.

4. Check the box if indicating you are an injured worker/claimant.
5. Review the Terms and Conditions by clicking on the link.

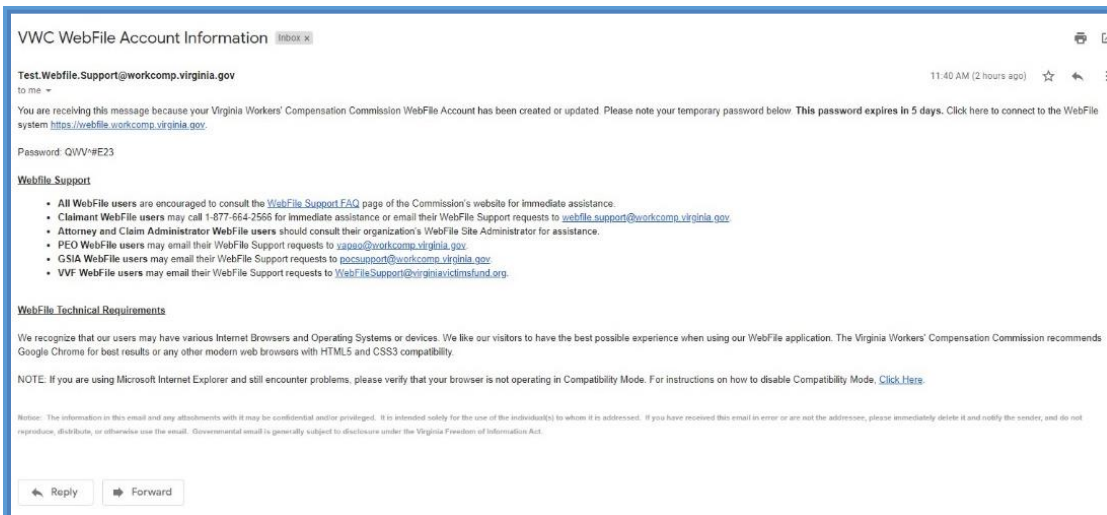
6. Check the box to accept the Terms and Conditions.
7. Click the “Register” button to complete this first step.



8. A confirmation message will appear.



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





10. Once you have received the temporary password email, go to the WebFile website.
11. Since this is the first time logging into WebFile, enter the registered email address (as your username) and the temporary password.
12. Click the "Login" button.

WebFile Login

Username  
typeyouremailaddresshere@gmail.com ?

Password  
.....

Login

+ Create Claimant Account

Forgot Username

Forgot Password/Unlock Account

Supported Browsers

Help / About



### 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. Create a new username.
14. 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., @, #).

**Register webfilelawyer55@gmail.com**  
\* required field

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**Pick a username**  
A username must be between 6 and 50 characters. It may contain **letters, numbers, @, +, \_ , .**

Username \*

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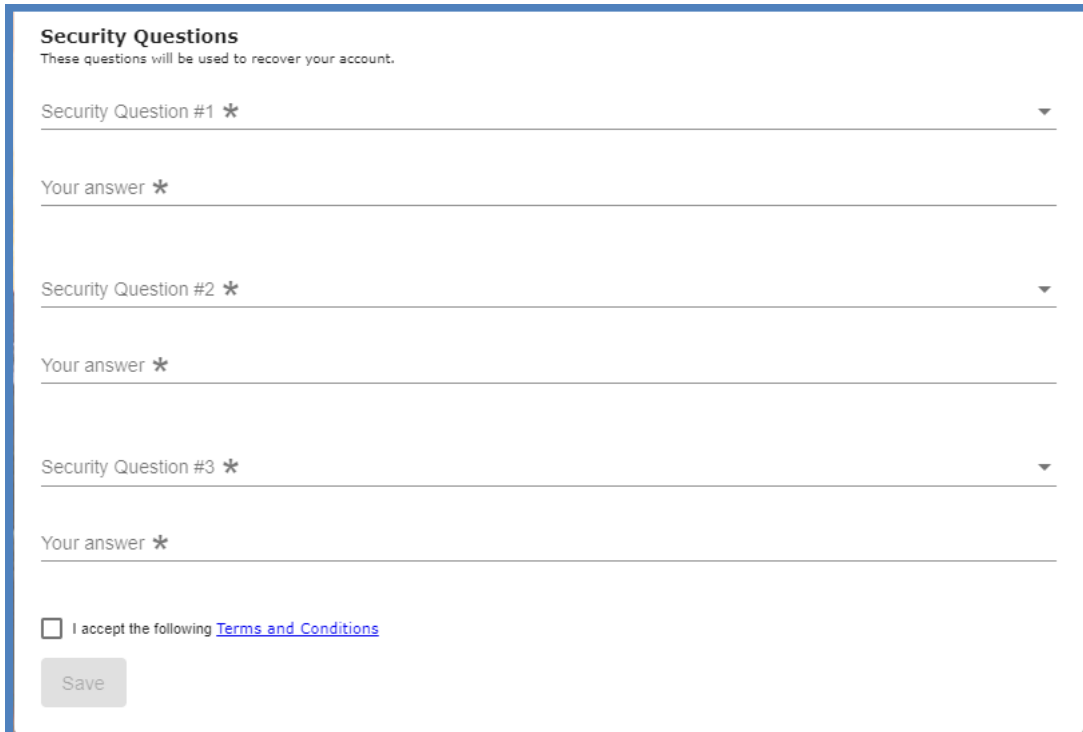
**Create a password**  
Minimum 8 characters. At least one number, one digit and one special character. No spaces.

Current Password \*

New Password \*

Confirm New Password \*

15. 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.
16. Review the Terms and Conditions by clicking on the “Terms and Conditions” link in the bottom left hand corner.
17. After reviewing, check the box to accept the Terms and Conditions.
18. Click “Save” to complete your registration.



The screenshot shows a registration form titled "Security Questions" with the subtitle "These questions will be used to recover your account." The form contains three identical sections for security questions. Each section consists of a dropdown menu for the question and a text input field for the answer. At the bottom of the form, there is a checkbox labeled "I accept the following [Terms and Conditions](#)" and a "Save" button.

19. Confirmation message verifying your successful registration is displayed.
20. Click the “OK” button.
21. Log back in to WebFile with the new username and password.

# CHANGE PASSWORD

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

## info 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:  
[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 WebFile Home Interface for the Virginia Workers' Compensation Commission. The page is divided into two main sections: 'Getting Started' and 'My Claims'.

**Getting Started:** This section provides instructions on how to associate a new claim. It states that users must first link a claim to their account by completing the 'Associate a New Claim' form. It lists the required information: Jurisdiction Claim Number (JCN), Injured Worker's Last Name, Injury Date, and PIN. It also mentions that users can find this information on the 'Notification of Injury and Claimant PIN' for WebFile letters. Finally, it instructs users to submit a Claim Form for their claim in order to ensure that their rights are protected under the Virginia Workers' Compensation Act.

**My Claims:** This section displays a table of claims. The table has three columns: JCN, Injury Date, and Rights Asserted. The data is as follows:

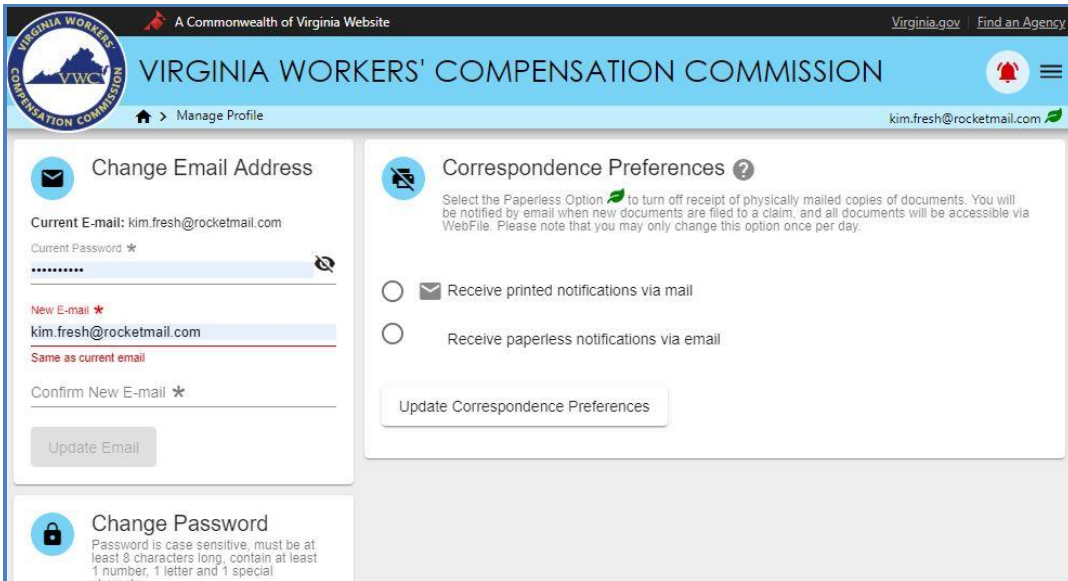
JCN	Injury Date	Rights Asserted
VA00000012549	12/03/2008	Yes
VA00000012548	12/03/2008	Yes
VA00000012563	12/03/2008	Yes
VA00000012573	12/03/2008	Yes
VA00000012574	12/03/2008	Yes
VA00000012579	12/03/2008	Yes

Below the table, there is a button labeled '+ Associate A New Claim'.

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

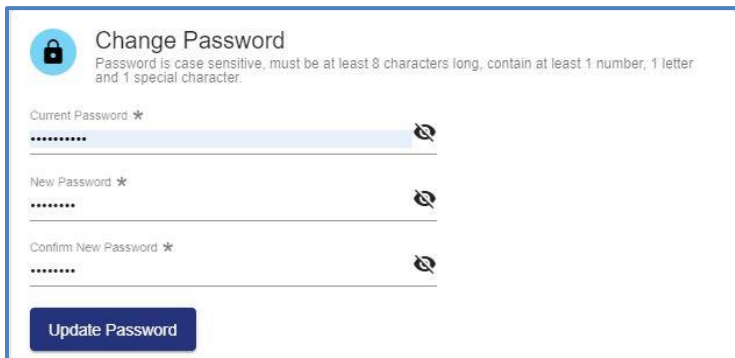


### Manage Profile Interface

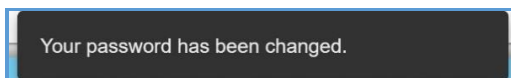


- Go to the “Change Password” section.
- Enter the profile’s current password.
- Enter and confirm the new password.

8. Click the “Update Password” button.



9. A confirmation message will appear.



Questions regarding WebFile processes should be directed to the Commission at 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.

# PASSWORD RESET

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This section covers how to reset a password.

## BEFORE YOU GET STARTED

Remember the WebFile Password Criteria:

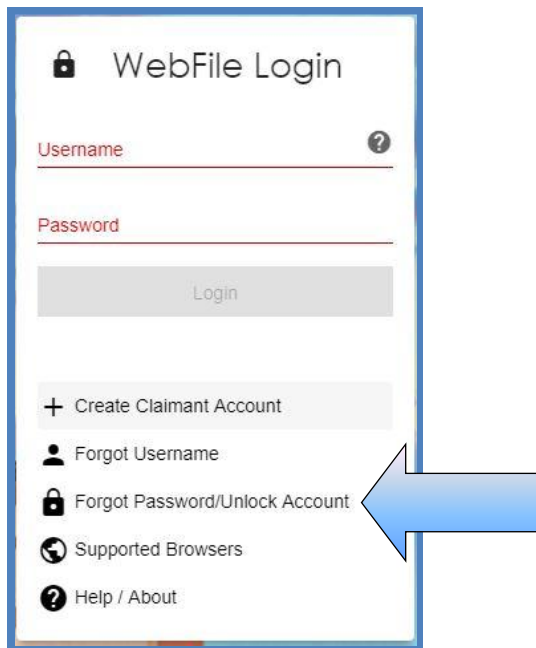
- ✓ Must be at least 8 characters in length.
- ✓ Must have at least one number.
- ✓ Must have at least one letter.
- ✓ Must contain one special character (i.e., @, #).
- ✓ Passwords will expire every 90 days and will not be re-usable for 12 months.

## RESET A FORGOTTEN PASSWORD

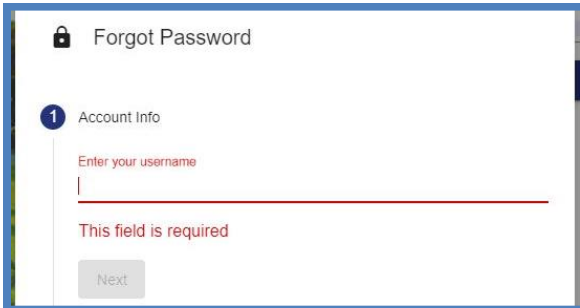
### STEPS TO COMPLETE

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

1. Click on the “Forgot Password/Unlock Account” link.



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



Forgot Password

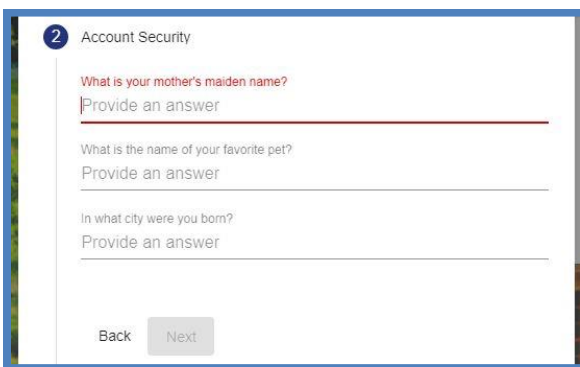
1 Account Info

Enter your username

This field is required

Next

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



2 Account Security

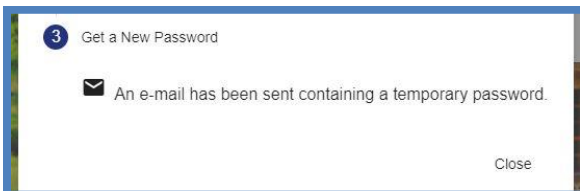
What is your mother's maiden name?  
Provide an answer

What is the name of your favorite pet?  
Provide an answer

In what city were you born?  
Provide an answer

Back Next

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



3 Get a New Password

An e-mail has been sent containing a temporary password.

Close

5. Retrieve the email from [noreply@workcomp.virginia.gov](mailto: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, contact the Commission at **877-664-2566** or please visit [workcomp.virginia.gov/webfile/webfile-support-request](http://workcomp.virginia.gov/webfile/webfile-support-request) and complete a WebFile Support Request.



# CHANGE EMAIL ADDRESS

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



## STEPS TO COMPLETE

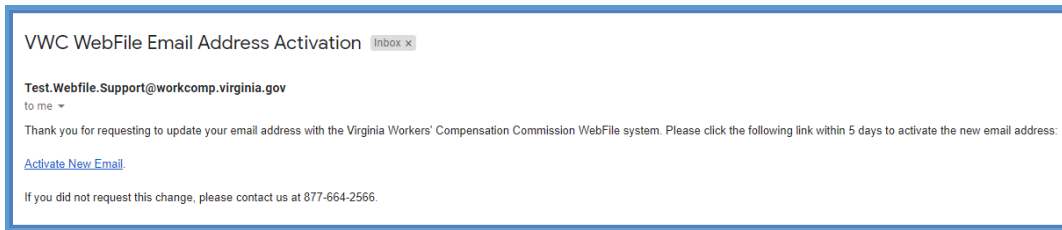
1. Click the menu dropdown in the top right and select “Manage Profile.”
2. Go to the “Change Email Address” section.
3. Enter the current password.
4. Enter and confirm the new email address.
5. Click the “Update Email” button.

The screenshot shows a form titled "Change Email Address" with a mail icon. It contains the following fields: "Current E-mail" with the value "kim.fresh@rocketmail.com", "Current Password" (masked with asterisks and a toggle icon), "New E-mail" with the value "newemail@gmail.com", and "Confirm New E-mail" with the value "newemail@gmail.com". A blue "Update Email" button is at the bottom.

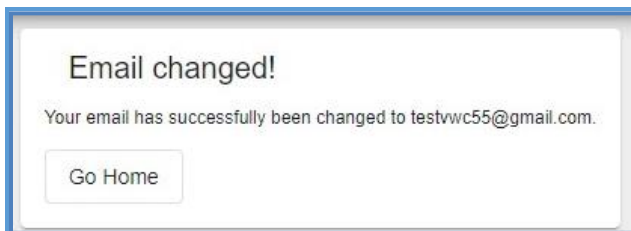
6. A confirmation message will appear and will provide instructions to complete the email change.

The screenshot shows a confirmation message titled "Change Email Address" with a mail icon. The message text is: "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." Below the message, the "Current E-mail" is listed as "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).

## info 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.



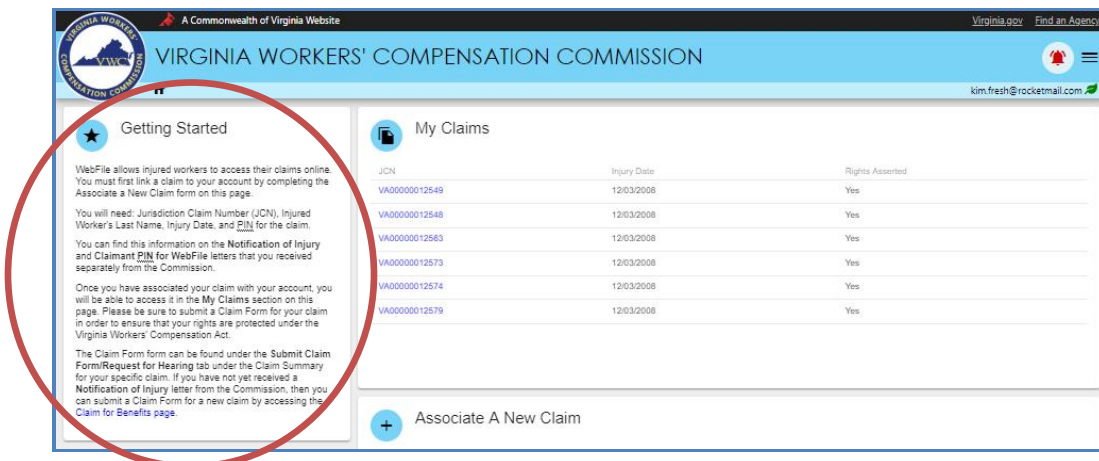
### Claimant PIN for WebFile

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.



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



### QUICK TIPS

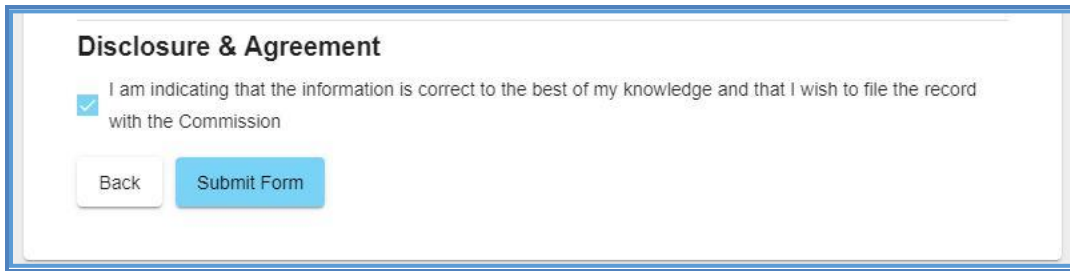
Click the Help icon ( ? ) to find additional information on how to complete a chosen Web Form.

- Attach supporting PDF documents.

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

- Click the “Next” button.
- 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

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

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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:
  - a. Personal Identification Number (PIN)
  - b. Jurisdiction Claim Number (JCN)
  - c. Last Name
  - d. Injury Date
6. Click the “Add” button.

**Associate A New Claim**

PIN \*  
12345

Jurisdiction Claim Number \*  
VA00000012549

Last Name \*  
Last Name

Injury Date \*  
4/1/2019

**Add**

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.

JCN	Injury Date	Rights Asserted
VA00000012549	12/03/2008	Yes

9. Review the information available.

**VIRGINIA WORKERS' COMPENSATION COMMISSION**

Claim Summary

**Kim Fresh Fresh**  
VA00000012549

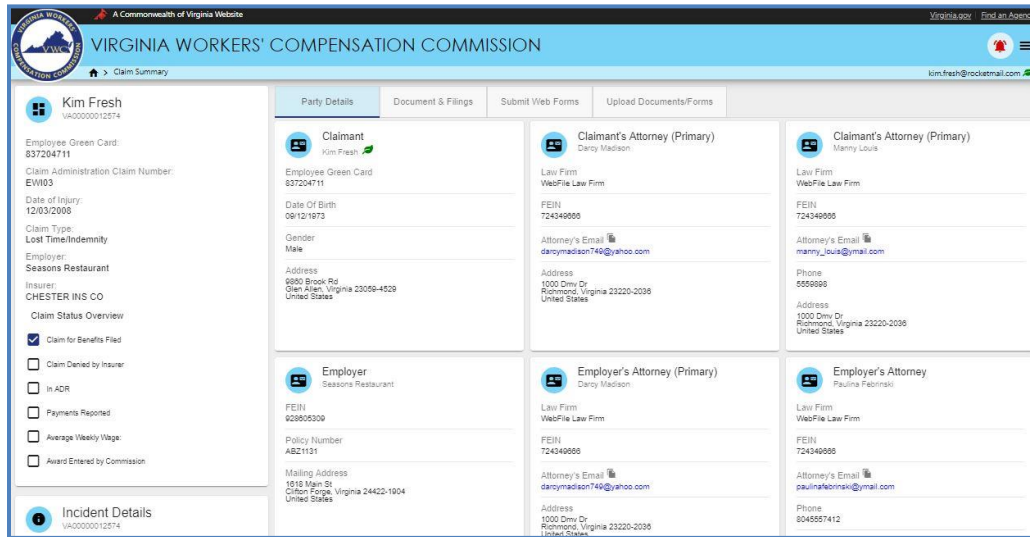
Employee Green Card: 637204711  
Claim Administration Claim Number: EW03  
Date of Injury: 12/03/2008  
Claim Type: Lost Time/Indemnity  
Employer: Seasons Restaurant  
Insurer: Frank's Insurance Co.  
Claim Status Overview:  Claim for Benefits Filed

Party Details	Document & Filings	Submit Web Forms	Upload Documents/Forms
<p><b>Claimant</b> Kim Fresh</p> <p>Employee Green Card: 837204711 Date of Birth: 119654400000 Gender: Male Address: 8660 Brook Rd, Glen Allen, 23059-4529</p> <p><b>Insurance Carrier</b> CHESTER INS CO</p>		<p><b>Employer</b> Seasons Restaurant</p> <p>FEIN: 928605309 Policy Number: AB21131 Mailing Address: 1818 Main St, Clifton Forge, 24422-1904</p> <p><b>Insurance Carrier Designated Representative</b> [Name]</p>	<p><b>Claim Administrator</b> CHAP ADMIN INC</p> <p>Claim Administrator FEIN: 867530906 Adjuster Name: No Adjuster Specified Address: 8402 Old Keene Mill Rd, Springfield, Virginia 22152-2302, United States</p> <p><b>Additional Party</b> Attorney representation WFY</p>

# PARTY DETAILS

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

## Party Details Interface



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

Incident Details	General information regarding the reported incident such as dates, description and location.
Claimant	The party who sustained an injury or occupational disease on the job.
Employer	The person or entity with control over your work activities.
Claim Administrator	The organization responsible for administering a workers' compensation claims.
Insurance Carrier Designated 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

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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@vwc.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/vwc-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 header includes the logo, 'A Commonwealth of Virginia Website', 'Virginia.gov', and 'Find an Agency'. The main navigation bar contains 'Getting Started' and 'My Claims'. The 'My Claims' section displays a table of claims with columns for JCN, Injury Date, and Rights Asserted.

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 displays a list of notifications with details such as date, time, and sender. The notifications include 'Letter From Claimant', 'WebFile Claimant PIN Notification', 'Pre-Hearing Statement Response', and 'Request For Hearing'.

Notification Title	Date/Time	Sender
Letter From Claimant	5/6/19, 1:48 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	2/19/19, 1:10 PM	DMV0123456789 ( JOEY_TEST_SLOWY )
Request For Hearing	2/11/19, 10:34 AM	VA00000012548 ( Kim Fresh )
Request For Hearing	1/2/19, 2:14 PM	VA00000012563 ( Kim Fresh )
Request For Hearing	11/9/18, 9:18 AM	



### QUICK TIPS

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



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

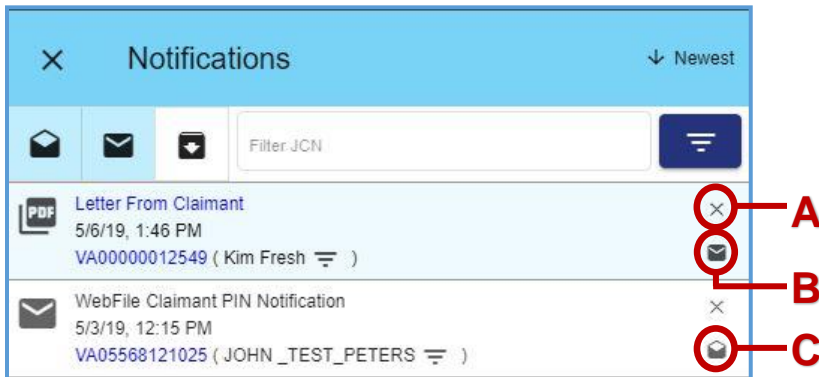


## CHANGE A NOTIFICATION STATUS

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

Options to change the status:

- a. Clicking the “x” icon will “archive” the notification.
- b. Clicking the unopened mail icon (  ) will mark the notification as “read.”
- c. Clicking the opened mail icon (  ) will mark the notification as “unread.”








### QUICK TIPS

As the list of notifications grows over time, users are encouraged to use the archived folder option. Click the “x” icon to the right of the notification you wish to archive.

## NOTIFICATION VIEW CUSTOMIZATION

Here are some options that may make it easier to view notifications.



- A. **View Read** (  ): Clicking the “**View Read**” toggle with display **only** “read” notifications.
- B. **View Unread** (  ): Clicking the “**View Unread**” toggle with display **only** “unread” notifications.
- C. **View Archived** (  ): 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.*

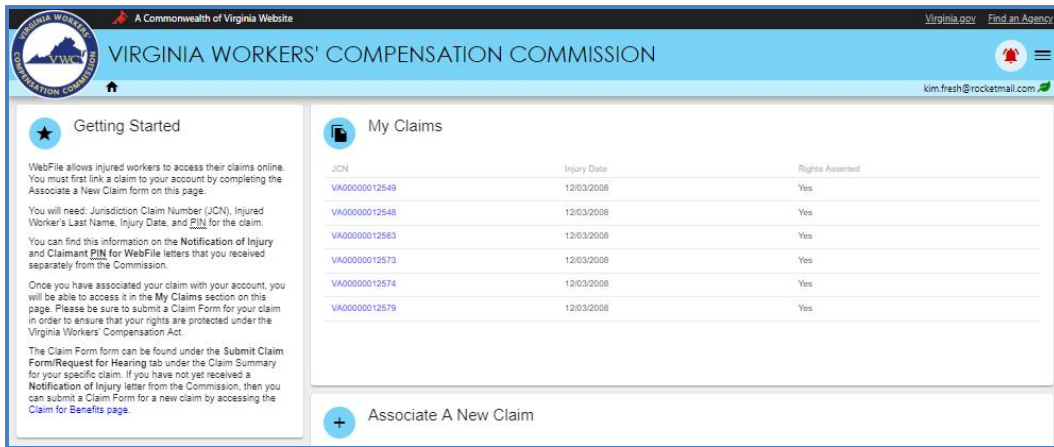
# DOCUMENT & FILINGS

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

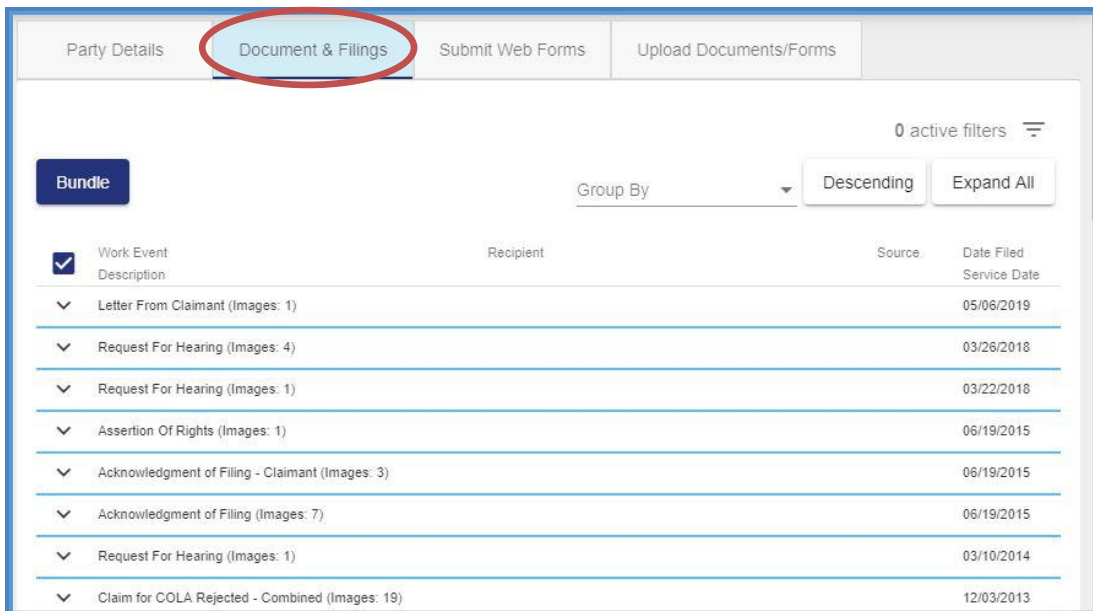


## STEPS TO COMPLETE

1. Log in to WebFile.
2. Navigate to the “My Claims” section.

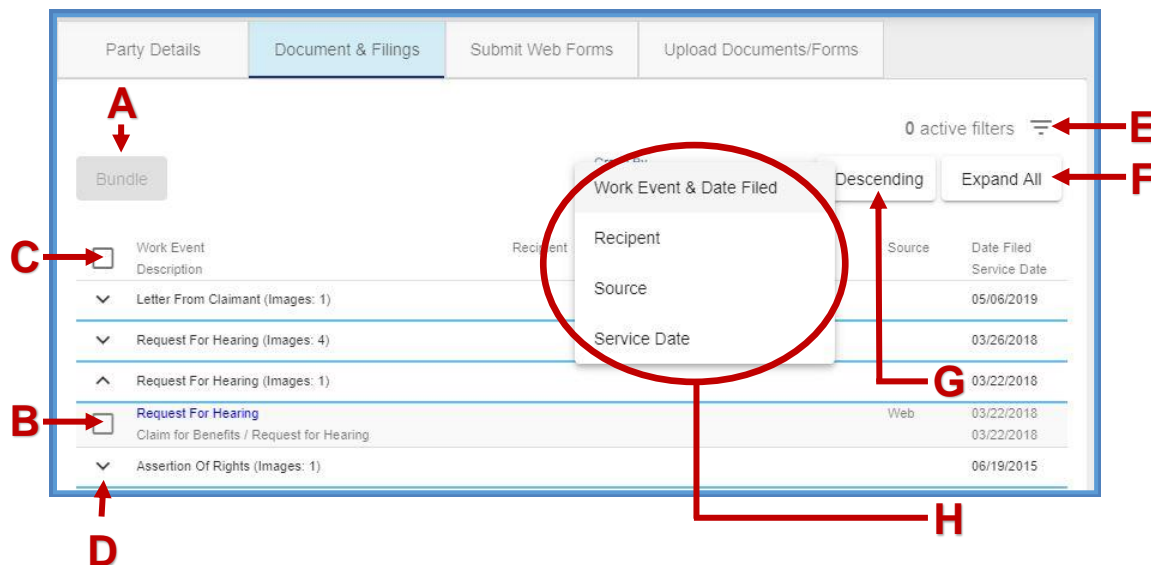


3. Click on the desired JCN.
4. Select the “Document & Filings” tab.



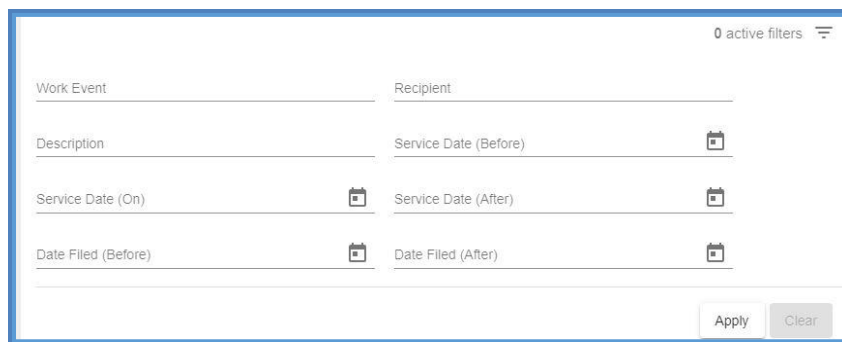
## DOCUMENT & FILINGS VIEW CUSTOMIZATION

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



- 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

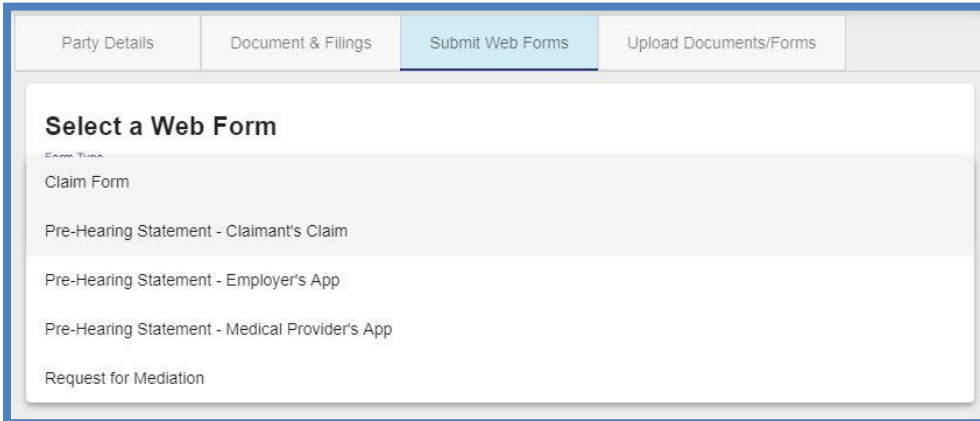
1. Log in to WebFile.
2. Navigate to the “My Claims” section. Notice that the JCN does not have a Claim for Benefits associated and there is an alert message.

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.

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

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



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

### Select a Web Form

Form Type

- Claim Form
- Pre-Hearing Statement - Claimant's Claim
- Pre-Hearing Statement - Employer's App
- Pre-Hearing Statement - Medical Provider's App
- Request for Mediation

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



**Help**    **Cancel**

1 Enter your data    2 Review

### Claim Form

#### Injured Worker's Name

First Name \*  
Kim

Middle Name  
L

Last Name \*  
Fresh

Suffix (Sr, Jr, etc)



### 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

Upload PDF

Choose a non-encrypted PDF

Upload PDF

Choose a non-encrypted PDF

Upload PDF

Choose a non-encrypted PDF

Next

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

**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!** ×

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

JCN	Injury Date	Rights Asserted
VA00000012549	12/03/2008	Yes

4. Select the “Submit Web Forms” tab.

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

**Select a Web Form**

Form Type

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

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

**Select a Web Form**

Form Type

- Claim Form
- Pre-Hearing Statement - Claimant's Claim
- Pre-Hearing Statement - Employer's App
- Pre-Hearing Statement - Medical Provider's App
- Request for Mediation

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



## QUICK TIPS

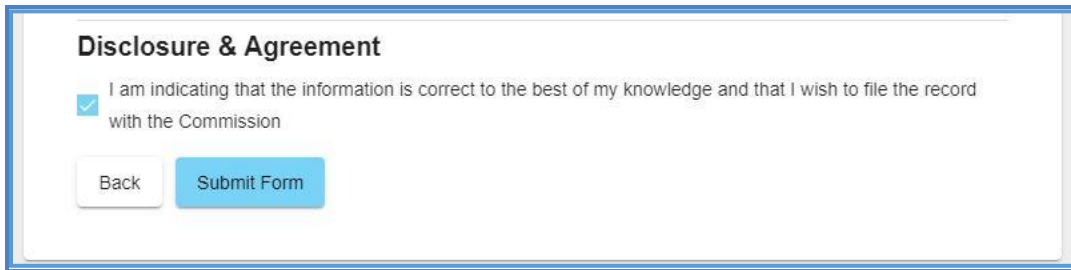
Click the Help icon ( ? ) to find additional information on how to complete a chosen Web Form.

- Attach supporting PDF documents.

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

- Click the “Next” button.
- Review the content of the Web Form.

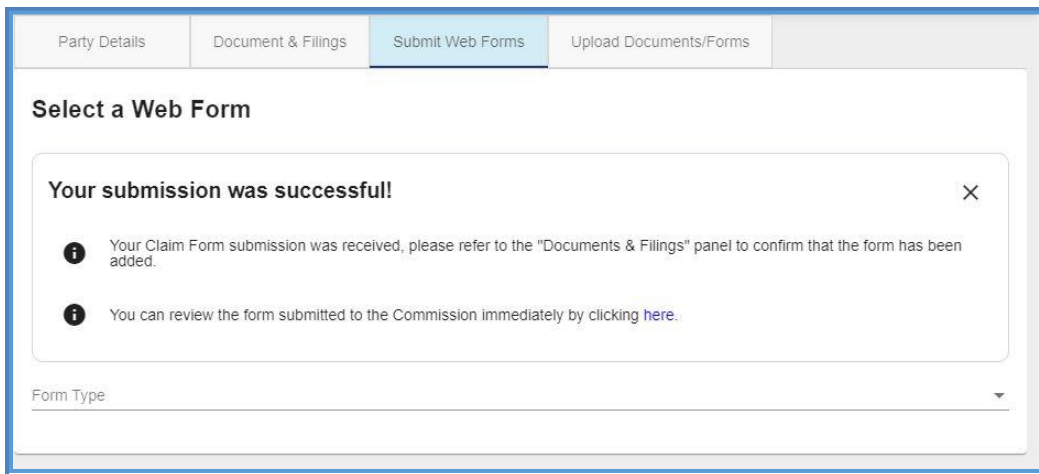
10. Read the “Disclosure & Agreement” statement and click the check box to accept.
11. Click the “Submit Form” button.



**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

12. Review the success message generated by the system.



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

**Select a Web Form**

**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](#).

Form Type [v]

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.

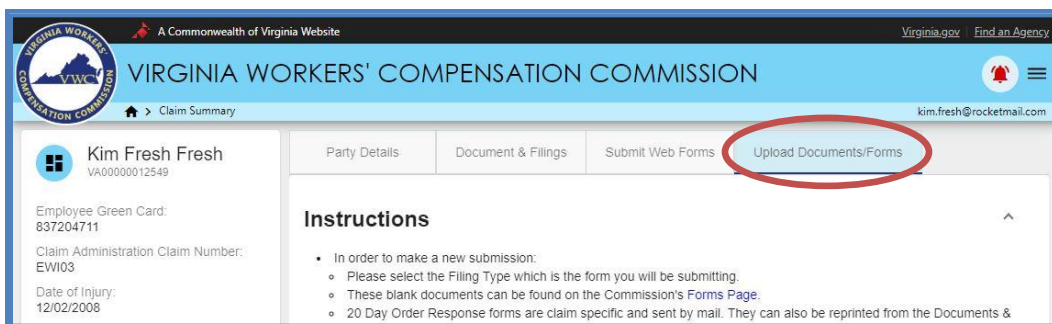
## STEPS TO COMPLETE

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



JCN	Injury Date	Rights Asserted
<a href="#">VA00000012549</a>	12/03/2008	Yes
<a href="#">VA00000012548</a>	12/03/2008	Yes
<a href="#">VA00000012563</a>	12/03/2008	Yes

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



**VIRGINIA WORKERS' COMPENSATION COMMISSION**

Claim Summary

Kim Fresh Fresh  
VA00000012549

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

**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 &

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.

The screenshot shows the Virginia Workers' Compensation Commission website interface. The main header includes the VWC logo and navigation tabs: Party Details, Document & Filings (selected), Submit Web Forms, and Upload Documents/Forms. The left sidebar shows claim details for 'TESTING YYPULDKOFPTXDE' (VA02000002535), including the date of injury (08/06/2013) and employer (HALLIBURTON ENERGY SERVICES INC). The main content area is titled 'Instructions' and contains a table of documents. One document, 'Request For Hearing', is circled in red. The table has columns for Work Event Description, Recipient, Source, and Date Filed/Service Date.

Work Event Description	Recipient	Source	Date Filed/Service Date
Request For Hearing (1)			07/19/2018
Request For Hearing		Web	07/19/2018
Request For Hearing			07/19/2018

## MEDICAL RECORDS

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

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

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

---

wvc-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

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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.

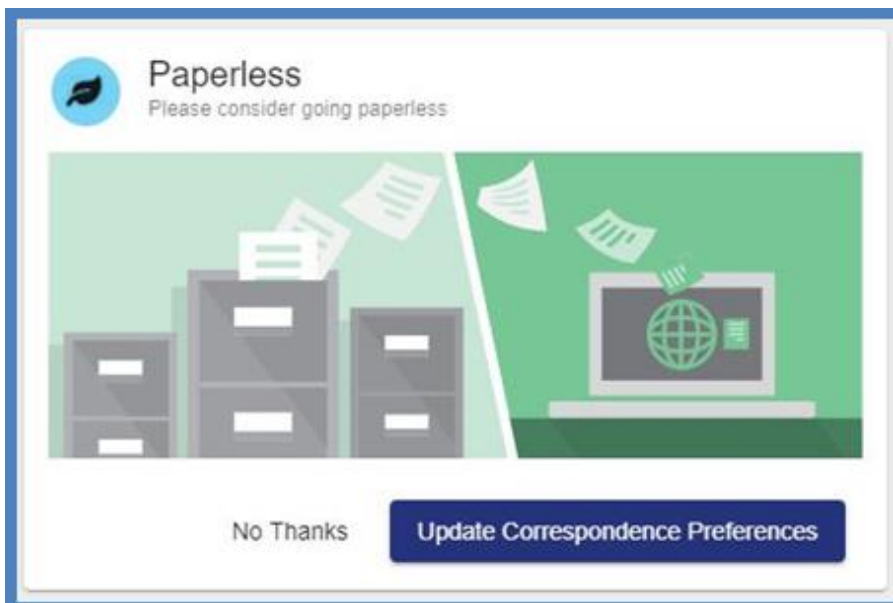
### BEFORE YOU GET STARTED

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

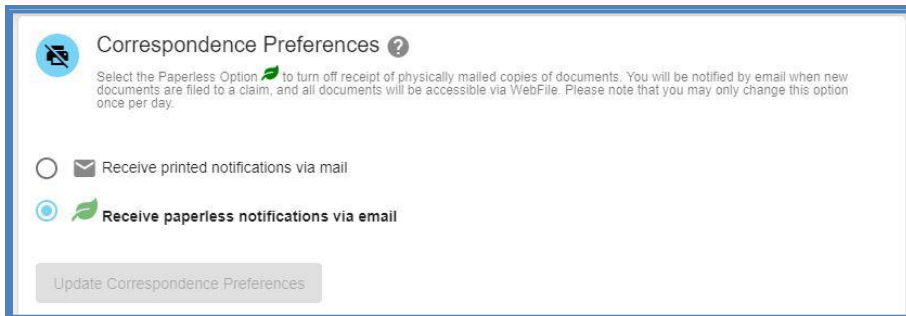
## ELECTING PAPERLESS

### STEPS TO COMPLETE

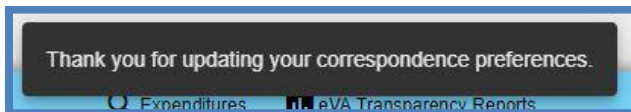
1. Log in to WebFile.
2. If you have not enrolled in paperless, a paperless notification will pop-up.
3. Click the “Update Correspondence preferences” button.



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



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.

