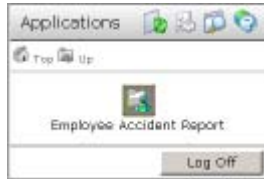


Accessing VISUAL Liquid Web (VLW)

NOTE: See your system administrator for assistance.

To access the Anonymous User version of VLW:

1. In your internet browser's address field, type <https://apps.frankgates.com/vaear> & press **Enter**.
2. From the **My Applications** welcome screen, click the **"Log In"** button.
3. Click on the **Employee Accident Report** icon.
4. You will see a screen that requests a password. Skip this request because you do not need a password to continue. Press enter or click **"Login"** without entering a password.
5. The VLW application should now launch in a window.



Entering a New EAR

1. Click the **New Document** toolbar button, select **eFROI**, and then select **COV EAR**.
2. Click **Show Selection** in the Agency Control in the Employer area. Scroll down the list and pick your Agency.
3. If applicable, also pick your Sub-Agency.
4. You must click **Show Display** and verify the identity and email address of the HR personnel who will complete the second submission. An initial submission email and a second final submission notice with form attached will be sent to the address(s)
5. In the **Name of Employer** field, search for the employer by name. From the **Select Org** drop-down list, select **Find by Name**. Double-click 4024 Commonwealth of Virginia.

Note: Your HR department may request that you skip #1. Name of Employer – they will advise you.

6. Select the injured worker's place of employment from the list.
Tips - You know that an employer is available for selection when there is a green check mark.
 - Click **"Display Number"** to see the Agency Code #s
 - Right Click on the employer location tree to collapse, or expand the location tree.

- Use the **"Find"** box to search for location numbers or names.

7. In the Email Addresses field (top left), enter additional email addresses such as your own, separated by commas, but no spaces. Initial submission email and a 2nd submission notice with form attached and claim number will be sent to these address(s) in addition to those of the HR personnel displayed in # 4 above.
8. It is possible to use your **"Tab"** button to move through the form. Note: Tabbing to a **"Yes/No"** type button field will automatically select the first choice. You may then change your choice, or if you want to keep it empty, press the **"ENTER"** button on your keyboard to unselect.

Submitting the EAR

1. Click the **Submit** button on the eFROI toolbar.
2. In the **Subject** field, enter a *subject* and click **OK**.

NOTE—The subject should include the worker's last name, first name and date of injury.

3. When you submit this report, it will be transferred for further processing by your human resources department.

Note: The **"Agency Control"** where you select Agency & Sub-Agency using a drop down list, is not complete until your HR Contacts display when you click **"Show Display"** as described above in **"Entering a New EAR"**.

*Error Message: **"Could not submit: Agency control has not been filled in."**

This error will prevent you from submitting. Ensure you have selected **"Show Display"** and can see the Contacts. You may have to reselect the Agency again if you continue to have trouble. The button label switches between **"Show Selection"** and **"Show Display"** as you use it.

Note: The **"comments to Carrier Claim Staff"** field at the very bottom of the form is to be used to send messages to HR or to MCI. The comments placed in this field will not print on the Report.

Technical Support

Technical Support is available through the Avizent Help Desk.

Email: tcc@avizentrisk.com
Telephone: 800-727-4283 Option #2