



VISUAL Liquid Web Commonwealth of Virginia Named User User Manual

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RISK MANAGEMENT. WITHOUT THE RISK.

Contents

Contents	2
VISUAL Liquid Web COV Named User User Manual	3
Disclaimer of Warranty	3
Trademarks	3
Copyrights	3
System Requirements	4
About	5
Text Conventions	5
Graphic Alerts	5
Getting Started	6
Accessing VISUAL Liquid Web	7
Closing the VISUAL Liquid Web Application	9
Accessing Technical Support	9
Navigating VISUAL Liquid Web	10
Menus	11
File.....	11
Edit	11
View	11
Toolbar	12
Standard Buttons	12
Content Pane.....	13
Left Pane.....	13
Example Document Cycle Workflow	14
Using VISUAL Liquid Web	15
Viewing/Updating the EARs you have to Review	15
Open the EAR	16
Named User – Reviewer Ownership	17
Data Entry Features	17
Required Fields.....	19
Submitting an EAR.....	20
Closing an EAR.....	21
Printer Troubleshooting.....	24
Closing Adobe Reader window.....	24
Deleting an EAR.....	25
Entering a New EAR	26
Entering a New EAR	26
.....	30
Agency Control and assignment.....	31
Automatic emails to Named Users	33
Refreshing your Folder Contents.....	34
Index	35

VISUAL Liquid Web COV Named User User ManualDisclaimer of Warranty

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System Requirements

The following table outlines the system requirements for optimal performance.

Item	Minimum	Recommended
Software	* Citrix ICA client for Windows	Citrix ICA client for Windows
Internet Browser	IE 6 SP2, SSL 2 and 3 enabled	IE 6 SP2, SSL 2 and 3 enabled
Connection	56 KB	Broadband
Screen Resolution	1024 x 768	1024 x 768

*See the companion guide “[VISUAL Liquid Web - Citrix client Installation](#)” for details on installing Citrix. Citrix allows you to use complex hosted applications over the internet with only your computer and an internet connection

About

This document is intended as a guide for users of the Avizent VISUAL Liquid Web product. This document provides a description of the VISUAL Liquid Web application, including instructions for accessing and using the application, and how to reach technical support.





Text Conventions

The following text conventions are used in this document.

Element	Usage
bold text	Characters that you type exactly as shown; menus and menu commands, command buttons, command prompts; list or drop-down boxes titles and selections; tab and dialog box titles and options
<i>Italic Font</i>	Variables for which you supply a specific value; information that you supply
ALL CAPITALS	Acronyms, names of certain commands, keys on the keyboard
Initial Capitals	Names of applications, screens, programs, field names

Graphic Alerts

The following graphic alerts are used in this document.

Element	Description
	Caution —Alerts you to potential problems, such as data loss or security breaches.
	Example —Provides a hands-on interactive lesson, or indicates material that helps clarify the current discussion.
	Note —Alerts you to supplementary information.
	Tip —Provides additional information that may be helpful to task completion such as shortcuts.

Getting Started

VISUAL Liquid Web is an electronic forms processing and data capture system. VISUAL Liquid Web ensures that all the information necessary to submit a COV Employer's Accident Report (EAR) is captured on its easy-to-use screens. This feature ensures that all EARs submitted have the minimum state required information completed.

VISUAL Liquid Web 2.2 integrates directly with the VISUAL Claims Studio™ software suite, so there is never a need to re-key information. Field and document level validation ensures that documents adhere to the configured document specific rules.

As an early innovator in the design of web site submission of electronic event and first reporting we formed EFROI.COM™. This online hosted service allows clients to electronically capture Event and State First Reports of Injury data over the web. EFROI.COM is the simple, fast, and cost-effective way to file events.

VISUAL Liquid Web users will also enjoy the ability to generate and print forms.

Accessing VISUAL Liquid Web

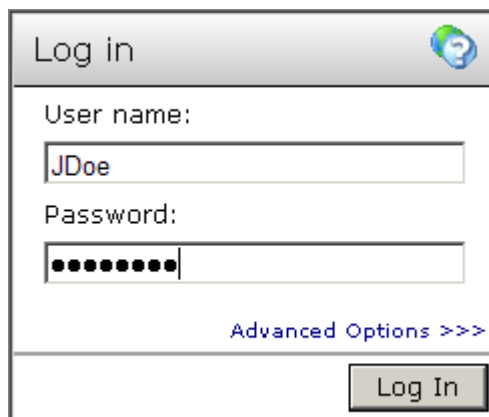
1. In your Internet browser's address field, type <https://apps.frankgates.com/vae-ar-hr> and press **Enter**.



The screenshot shows the Avizent Web Interface home page. At the top left, there is a red banner with the text "MY APPLICATIONS". To the right of the banner is the Avizent logo, which includes a stylized red and blue arrow pointing upwards and the text "AVIZENT™" above "Frank Gates Service Co / Atlanta". Further right, the text "Web Interface" is displayed. In the top right corner, there is a small icon of a computer monitor. Below the banner, the page is divided into two main sections. On the left, there is a "Log In" box with a "User name:" field containing "JDoe", a "Password:" field with masked characters, and a "Log In" button. Below the password field is a link for "Advanced Options >>>". On the right, there is a "Welcome" section with a "Message Center" section below it. The "Welcome" section contains the following text: "Welcome to The Commonwealth of Virginia - Employee Accident Form Submission Portal. This is a Citrix 4.5 presentation server farm - hosted at Avizent's National Data Center located in Dublin Ohio. Please 'Click' the button labeled 'Log In' to begin the process. Then 'Click' the Icon labeled 'Employee Accident Report' to begin entering your claim. Then 'Click' the VLW Icon labeled 'Login' to activate Visual Liquid Web. Select 'New Document'; then 'eFROI', then 'COV EAR' and begin filling out the form. Once the form is complete, Print then Submit the form to complete the process. For support please Contact our Help Desk. Our dedicated IT professionals are waiting to help you resolve your problem! While our core Help Desk hours are Monday through Friday, 8:00 AM to 5:00 PM EST, we offer around the clock technical support for reporting purposes. Please contact us by emailing (helpdesk@avizentrisk.com), telephone (800-727-4283), or submitting your request online." The "Message Center" section contains the text: "The Message Center displays any information or error messages that may occur."

Result: The Visual Liquid Web Intake home page displays.

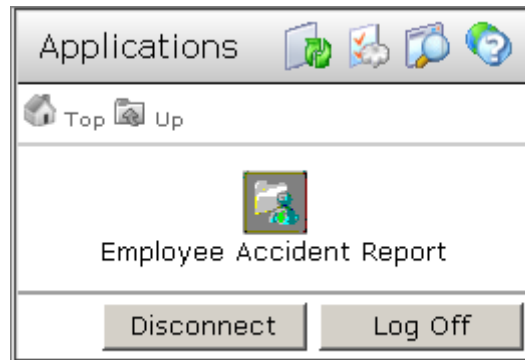
2. Enter the User name and Password supplied to you, then click the Log In button in the box on the upper left of the screen



The image shows a close-up of the "Log In" box. It has a title bar with the text "Log in" and a question mark icon. Below the title bar, there are two input fields: "User name:" with the text "JDoe" and "Password:" with masked characters. Below the password field is a link for "Advanced Options >>>". At the bottom right of the box is a "Log In" button.

Result: The Applications box displays

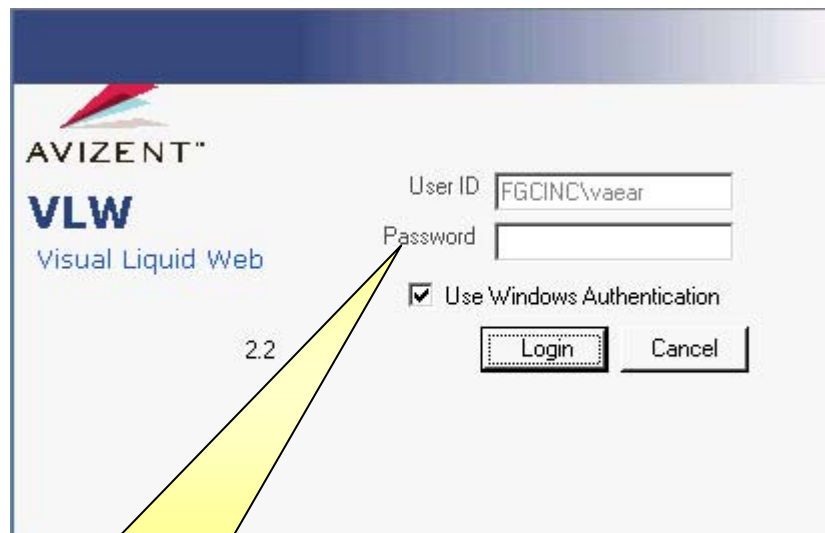
3. Click Employee Accident Report in the Applications box.



Result: The Citrix logon script will run, followed by the appearance of the VISUAL Liquid Web log in screen.

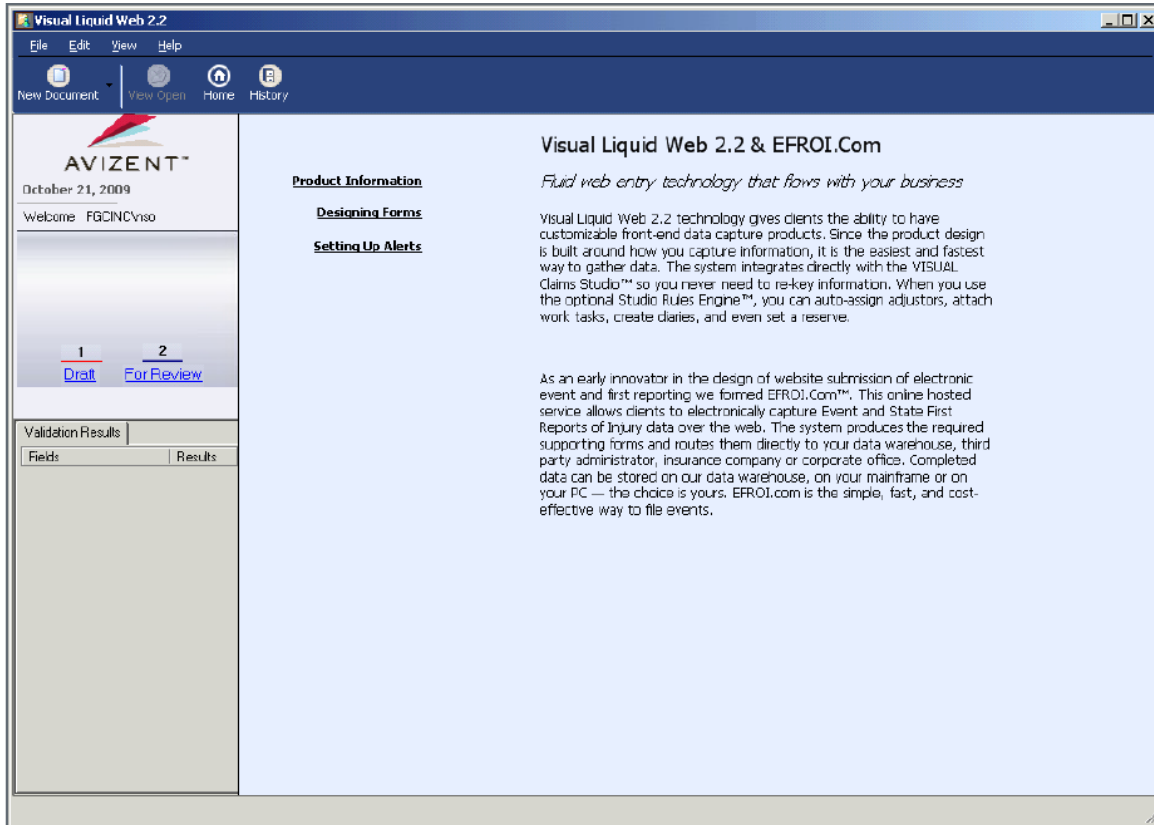


4. Click Login on the Login Screen.



Note: You do not need to fill the "Password" field. Skip this prompt and click on the Login button.

Result: VISUAL Liquid Web appears.



If you have problems logging in, contact tcc@avizentrisk.com or 800-727-4283 for assistance.

Closing the VISUAL Liquid Web Application

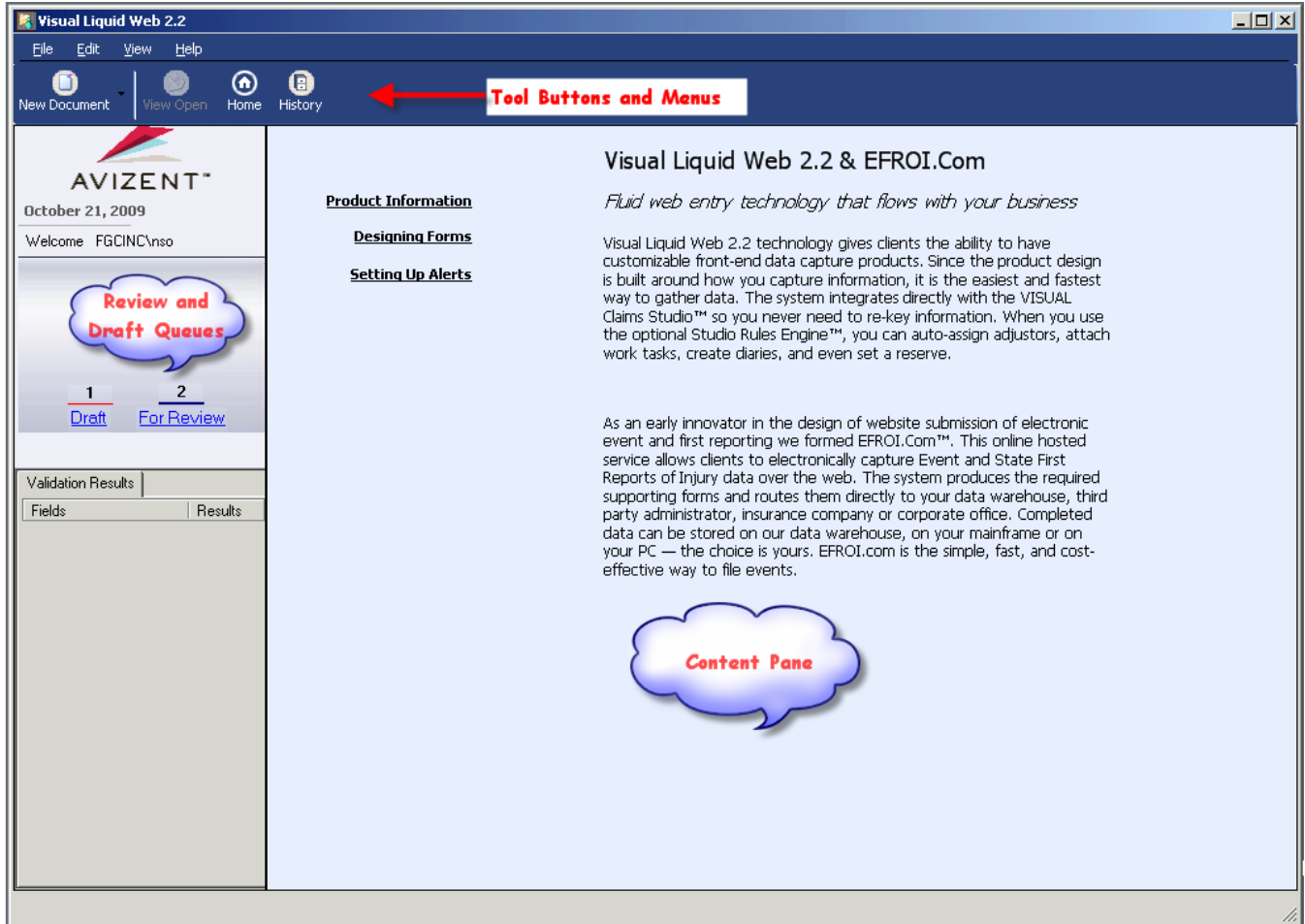
To exit the application, on the **File** menu, select **Exit**. The application will close. If you have open EARs with unsaved changes, the system will prompt you to save the changes before closing.

Accessing Technical Support

Technical support for this Avizent product is available through the Help Desk (tcc@avizentrisk.com or 800-727-4283).

Navigating VISUAL Liquid Web

Once you are logged in, VISUAL Liquid Web's home screen displays. The primary navigation for VISUAL Liquid Web is found in the toolbar and in the left pane. The larger Content pane is on the right. You can also navigate using the menus.

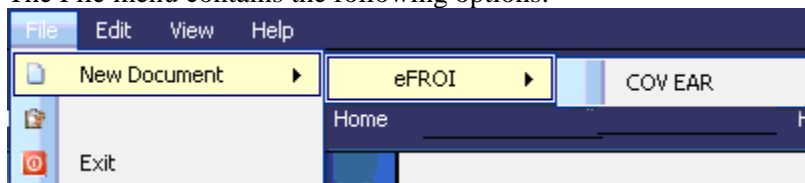


Menus

VISUAL Liquid Web contains four menus: File, Edit, View, and Help. Each menu's options are explained below.

File

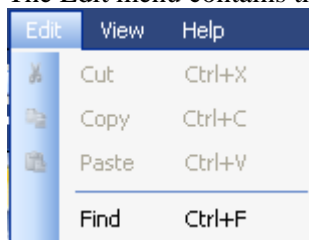
The File menu contains the following options:



- **New Document**—Enables you to open a new COV EAR.
- **Preferences**—Enables you to view and adjust reviewer alert preferences.
- **Exit**—Closes the VISUAL Liquid Web application.

Edit

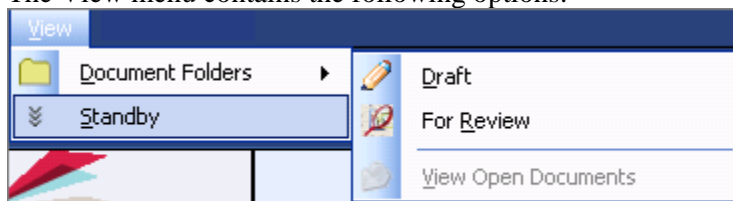
The Edit menu contains the following options. These options are only available when an EAR is open.



- **Cut**—Deletes the highlighted text and saves a copy of it on the clipboard.
- **Copy**—Copies the highlighted text to the clipboard.
- **Paste**—Pastes the text previously cut or copied to the clipboard.
- **Find**—Searches the open EAR for the text you specify.

View

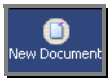



The View menu contains the following options:



- **Document Folders**—Enables you to view the following folder's contents.
 - **Draft**—Displays a summary of the EARs that you have saved to the Draft folder.
 - **For Review**—Displays a summary of the EARs that are pending review.
 - **View Open Documents**—Displays a listing of the EARs that you currently have open.





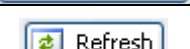
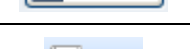
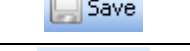
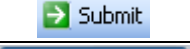
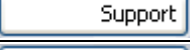
Toolbar

The toolbar contains buttons which are shortcuts to various commands. The table below lists the standard toolbar buttons in VISUAL Liquid Web.

Button	Description
 New Document	New Document —Enables you to enter a new EAR into the system.
 View Open	View Open —Displays the tabs for all the open EARs. The most recently viewed EAR is displayed on screen.
 Home	Home —Takes you back to the initial startup screen
 History	History —Enables you to review prior claim submissions completed with your account.

Standard Buttons

In addition to the toolbar buttons, other buttons are available throughout the application. Not all buttons are available on all screens. The following table contains a listing of all of the buttons available in the application.

Button	Description
 Delete	Delete —Deletes the EAR file.
 Details	Details —Displays EAR details, such as submission date, subject, claim number, and submitted by.
 Edit	Edit —Enables you to update the information displayed on the EAR.
 Print	Print —Generates an electronic copy (.PDF) of the EAR which can be printed.
 Refresh	Refresh —Retrieves the latest information from the database and forces a refresh of the data being viewed.
 Save	Save —Saves the information entered on the EAR. You will be prompted to enter a Subject Name for the document.
 Submit	Submit —Submits the completed EAR to the system designated reviewer.
 Support	Support —Sends a support inquiry email to product support.
 View	View —Displays requested item.

Content Pane

The Content Pane will display the Employer's Accident Report.

Left Pane

The left pane contains the following areas.



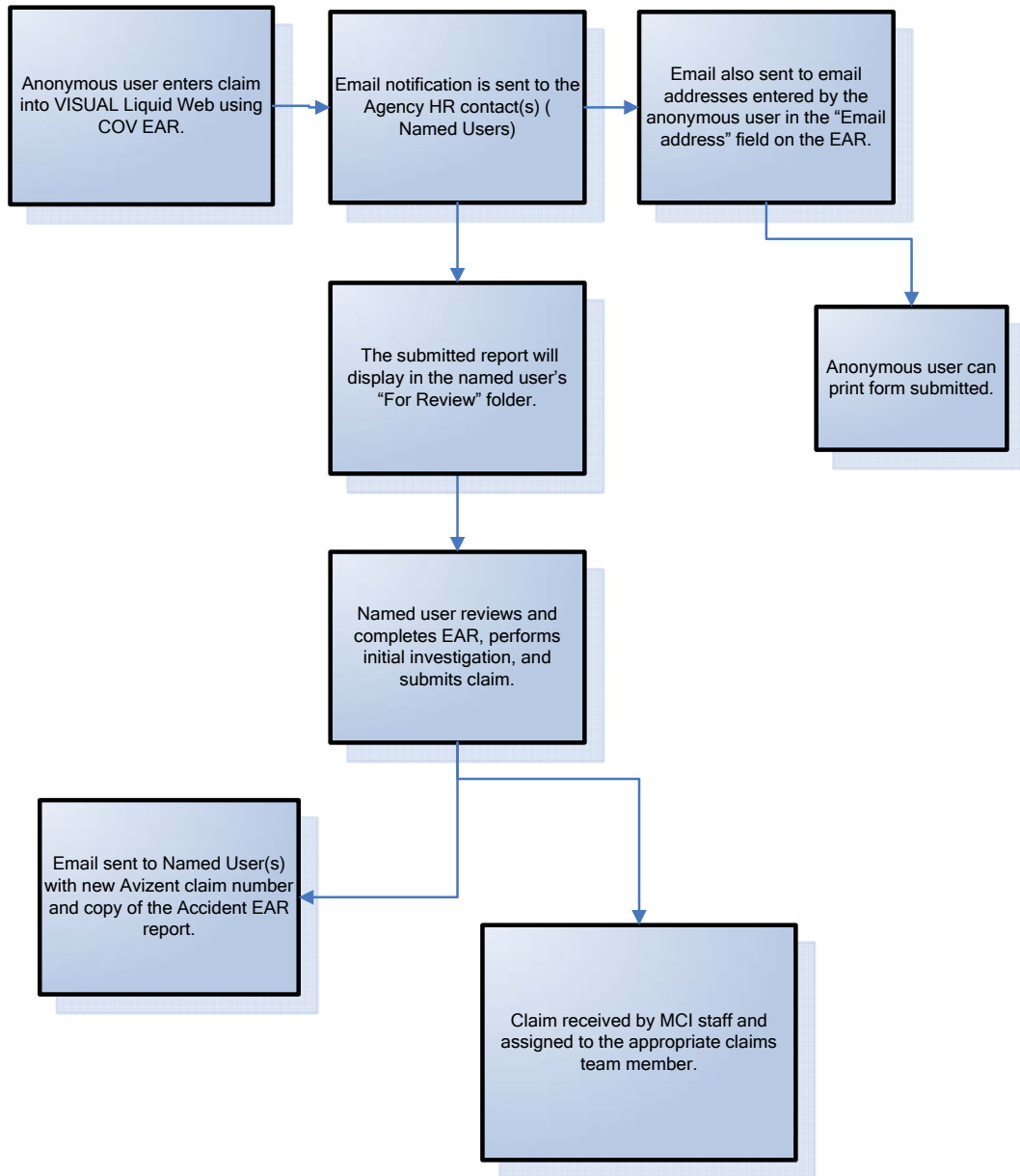
Fields	Results
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Agency	data required
Social Security	data required
Type of Claim	data required

- **User Information**—Displays the current day's date and your application user name.
- **Folders**—Contains the Draft and For Review folders and displays the number of EARs in each folder.
 - **Draft**—Contains those EARs that are “in process.” These are EARs which have been created by the Named User and saved without being “Submitted.”
 - **For Review**—Contains EARs that have passed initial validation requirements, but may need some further information or oversight before final submission. Anonymous users will submit drafts to Named Users for review. Named Users will then review the draft and submit it for claims processing. If a Named User enters a new EAR and submits it, it will display in his/her “For Review” folder.
- **Validation Results**—Contains a listing of the data fields which are required for the COV EAR. This list is updated as you enter information, so that you can see at-a-glance which required fields still need to be completed.



Tip—You can also double-click on an item in the Validation Results field's list to jump to its entry field in the EAR.

Example Document Cycle Workflow

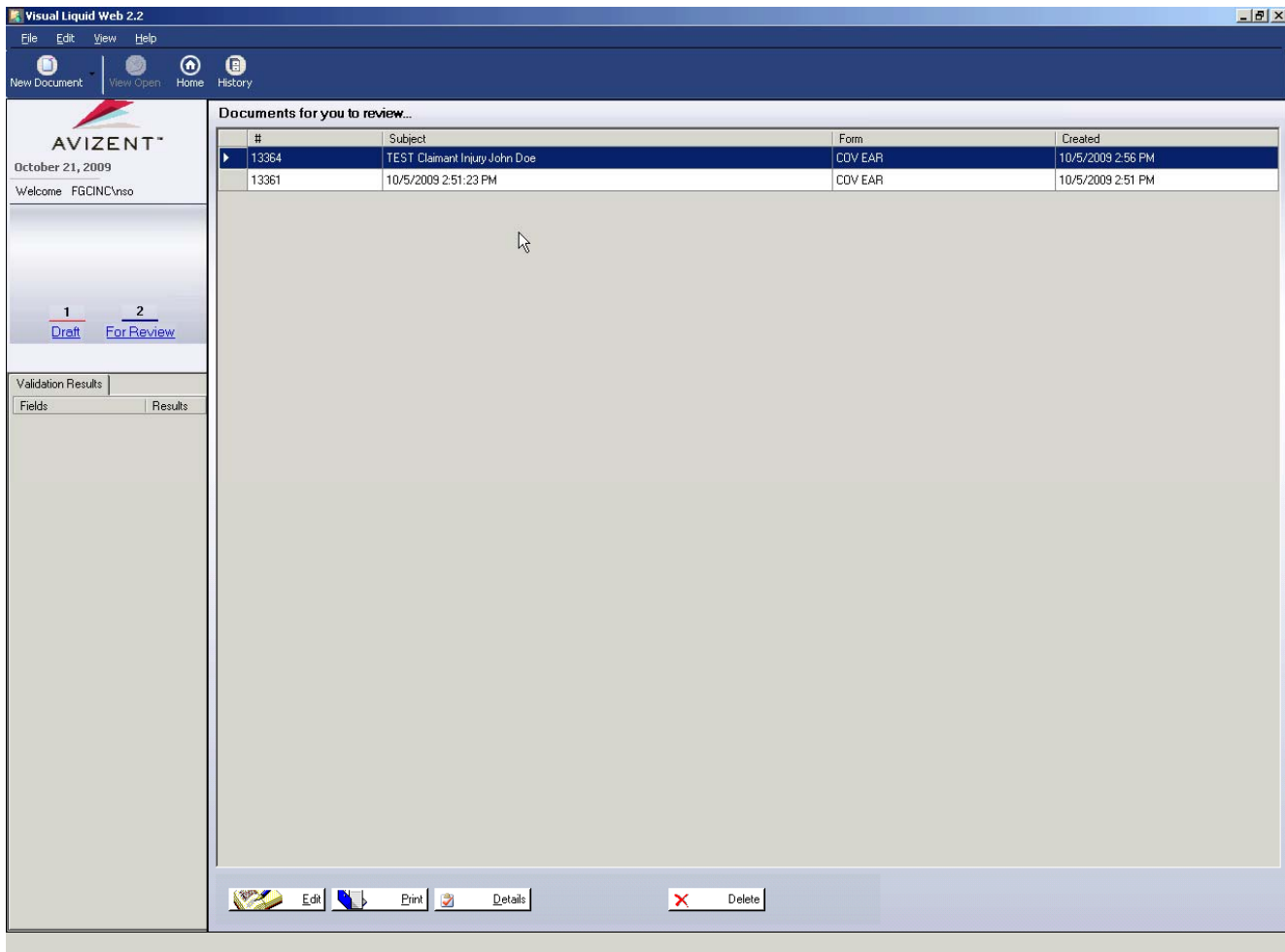


Using VISUAL Liquid Web

Viewing/Updating the EARs you have to Review

You will be notified that you have an EAR to review in several ways:

- You may also notice that you have EARs to review when the number of documents in your For Review folder increases.



The screenshot shows the Visual Liquid Web 2.2 interface. The top navigation bar includes 'File', 'Edit', 'View', and 'Help'. Below this is a secondary bar with 'New Document', 'View Open', 'Home', and 'History'. The main content area is divided into a left sidebar and a central table.

Left Sidebar:

- AVIZENT logo
- October 21, 2009
- Welcome FGCINC\unso
- Navigation: [1 Draft](#) and [2 For Review](#)
- Validation Results section with 'Fields' and 'Results' tabs.

Central Table: Documents for you to review...

#	Subject	Form	Created
13364	TEST Claimant Injury John Doe	COV EAR	10/5/2009 2:56 PM
13361	10/5/2009 2:51:23 PM	COV EAR	10/5/2009 2:51 PM

Bottom Action Bar: Edit, Print, Details, Delete

You can access an EAR in one of two ways:

1. From the **View** menu, select **Document Folders**, and then select **For Review**.
OR
2. Click the **For Review** folder icon in the left pane.
Result: The Documents for you to review table displays in the Content pane.

The Documents for you to review table contains the following information:

- **Creation Date**—The date the EAR was created.
- **Subject**—The name given to the EAR when it was saved.
- **Document Version Id**—The unique system-generated identification number.
- **Document Name**—The state EAR form that was used for data entry. Always “COV EAR”.

Open the EAR

1. Select the EAR that you wish to open from the list.
 2. Click the **Edit** button at the bottom of the Content pane to open the EAR.
- OR
3. Double Click the EAR row you have selected in the list.

You can now review the data entered and complete additional information as needed.

Visual Liquid Web 2.2
File Edit View Help
New Document View Open Home History

AVIZENT™
October 21, 2009
Welcome FGCINC\enso

Print Save Submit COV EAR - TEST Claimant Injury John Doe - Reviewing
COV EAR - TEST Claimant Injury John Doe - Reviewing

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing:
Insurer location: 762
Insurer claim number:

Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission.
For multiples, separate addresses with comma "," - No Spaces

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer:

Click button to edit ->

Agency: 963 - VIRGINIA LIASON OFFICE
Sub-Agency:

Contacts

First Name	Last Name	Email
<input type="text" value="m"/>	<input type="text" value="so"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fields	Results
Claim Type	Required
Employee First Name	Required
Employee Last Name	Required
Employer FEIN	data required
Date Of Injury	data required
Employer Name	data required
Social Security	data required
Type of Claim	data required
Time Of Injury	data required
Nature Of Injury	data required
Part Of Body Injured	data required



Tip —You can move from field-to-field on the form by pressing the **TAB** key. 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.

Named User – Reviewer Ownership



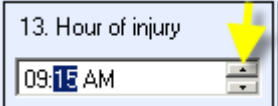
If an employer has multiple Named users for the Agency/subagency combination chosen during form creation, each of these named users will be able to see the forms submitted for this location.

* If an eligible reviewer opens and updates/saves the form, this user then is the sole assigned reviewer and other users will not be able to see and edit the form. This allows the reviewers to open a report to view without taking exclusive ownership unless they update it..

Data Entry Features

The following features are available to ease your data entry:

- **Required Fields**—The required fields have a pink border. They are also listed in the Validation Results area. The Validation Results area acts as a checklist for required information. As the required fields are completed, they are removed from the Validation Results area.
- **Pre-Formatted Numeric Fields**—Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, can be entered with or without the dashes.
- **Drop-down Selections**—Enter the first character to move directly to that point in the selection list. Up and down arrows can be used to navigate further.
- **Radio buttons** - Allow toggle selection of one of several choices (Yes/No, Male/Female, etc.)

Type of Field	Sample
<p>1. Free Form Text</p> <p>You can type freely within these fields. * You can copy and Paste in these fields.</p>	
<p>2. Dates</p> <p>With drop down calendars</p> <p>You can use the arrows to navigate by Month and by Year. ** Type over to replace elements such as year after picking via calendar.</p>	 <p>** Type over to replace elements such as yer after picking via calendar.</p>
<p>3. Time with up and down arrows</p>	

4. Yes / No radio buttons



Note—When in a field which contains radio buttons, Yes No to select *neither* button, press **Enter**, instead of tab to exit the field.

16. *Was employee paid in full?*

Yes No



To Unselect all choices 1

Required Fields

File Edit
New Document

AVIZENT™
June 13, 2008
Welcome EBCINC/waer

Submit COV EAR - NEW
COV EAR - NEW

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing: _____ Insurer location: 762

Email Addresses to send submission notification: _____

THIS _____ SUPERVISOR

Employer

1. Name of Employer (trading as or doing business as, if applicable) and Mailing Address

Agency: _____
Sub-Agency: _____

Contacts

First Name	Last Name	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Display Number Locations Select Org Show Display
Find Next Previous Case Sensitive

The Validation Results area acts as a checklist for required fields

The pink border around a field indicates that the field is required

The boxes to the right are for the use of the insurer

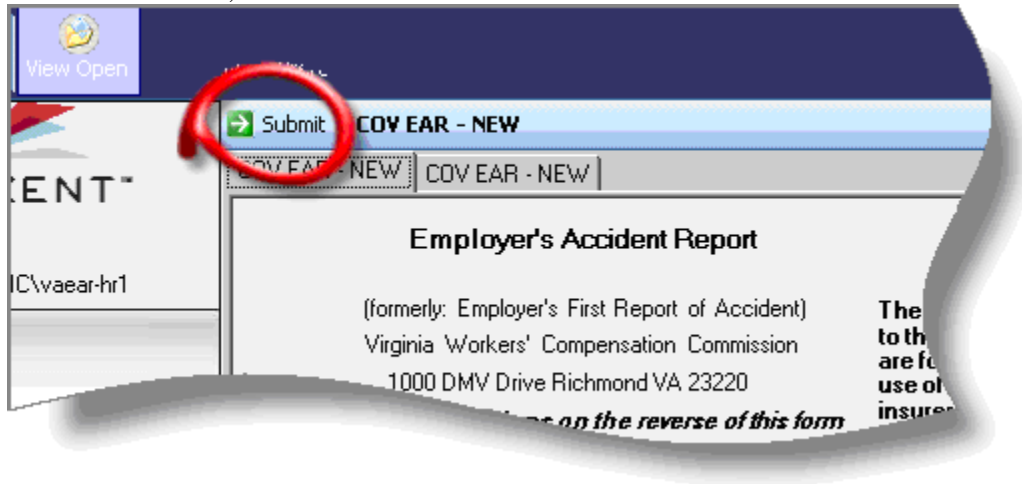
REQUIRED FIELDS : Based on data processing needs, these are subject to change.

Fields are listed in the Validation Results area on the left pane are system required. They must be completed to be accepted by the claim administrator. Other fields may also be required.

In all cases, you should complete all of the information known to you at the time.

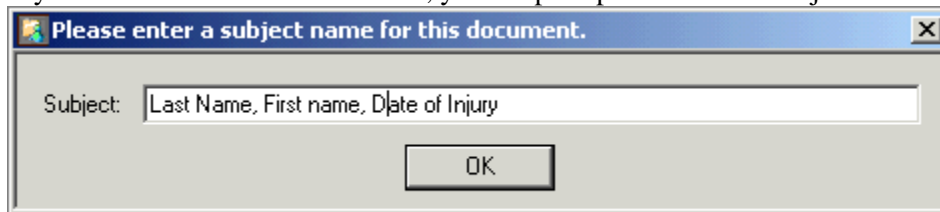
Submitting an EAR

Submitting an EAR “promotes”, or forwards, the document to claims processing. To submit an EAR, click the **Submit** button on the EFROI toolbar.



If you have previously saved the document, it is submitted to the system specified reviewer or to the system as a claim.

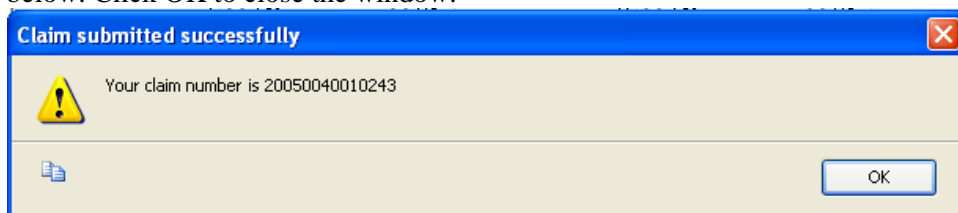
If you have not saved the document, you are prompted to enter a subject name.



Note—It is suggested that the subject include the claimant’s last name, first name and date of injury as shown above.

After you have clicked Submit, the system validates the data entered.

- If all the required information is complete and valid, the claim is submitted to claims processing. A window displays containing the claim number assigned to the new claim, such as the one shown below. Click OK to close the window.

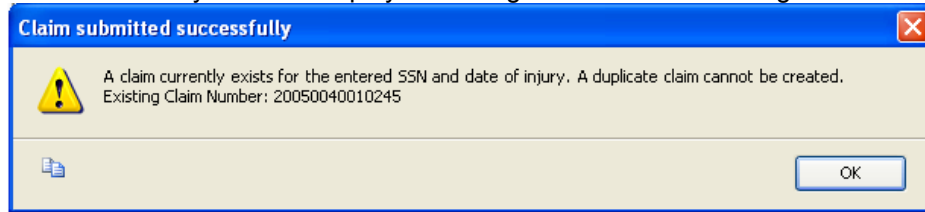


- If all the required information is not complete or if the EAR contains invalid information, the system will prompt you to correct the validation errors before submitting.

After all the required information is successfully validated, the EAR is sent to MCI claims processing.



Note—If the claim is a duplicate claim, the system will recognize this and not allow you to Submit it. The system will display a message such as the following:



If this occurs, contact the Technical Support service listed below for further instructions.

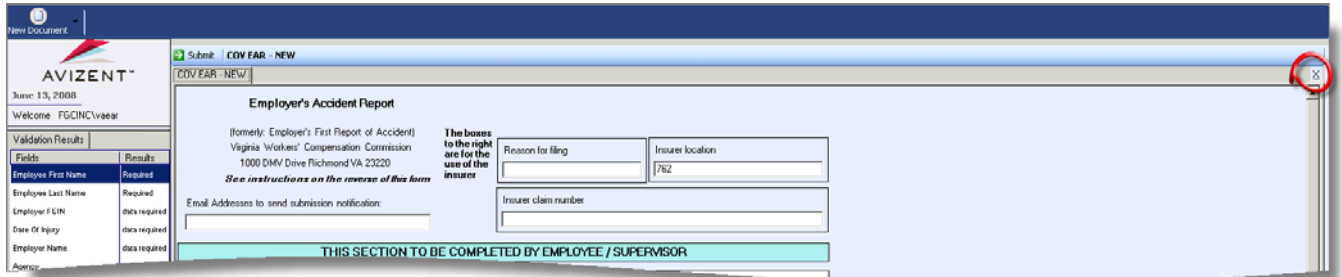


Caution—Once you successfully submit an EAR you cannot make any changes to it in VISUAL Liquid Web.

See [Viewing EAR History](#) for more information.

Closing an EAR

If you need to close an open EAR, click on the X in the upper right corner of the EFROI toolbar. The EAR will close.



Caution—If you close a new EAR without saving or submitting it, all of the data entered will be lost.

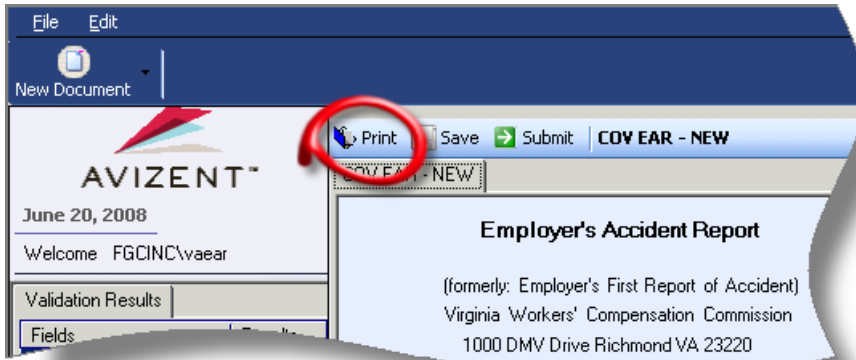


Note—See the [Saving an EAR](#) section for more information.

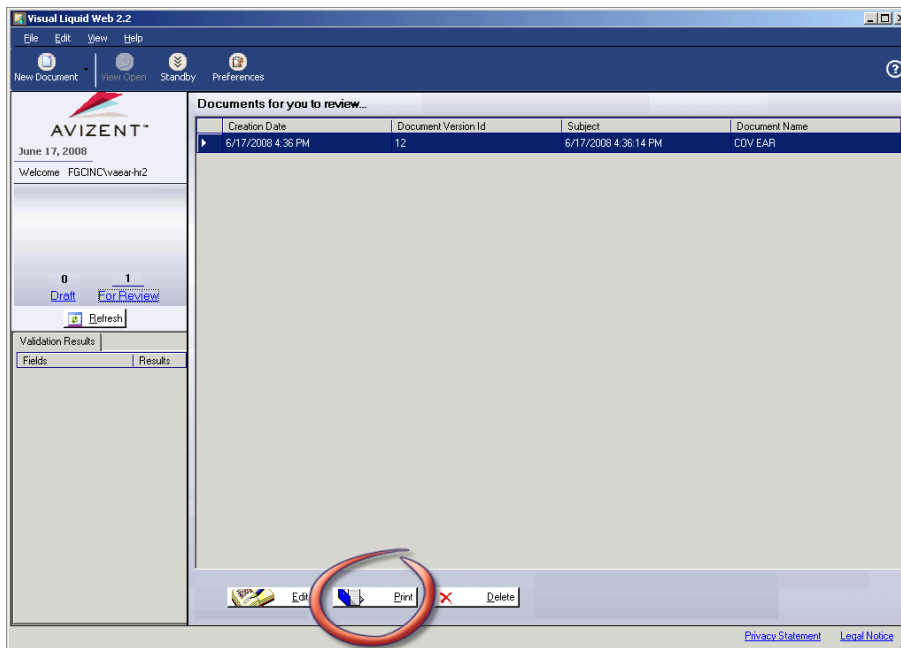
Printing an EAR

Printing produces an electronic copy of the EAR which can then be printed in hard copy. You can print EARs from several different areas.

- **Open EAR**—When you are reviewing an EAR, a **Print** button is available in the EFROI toolbar.



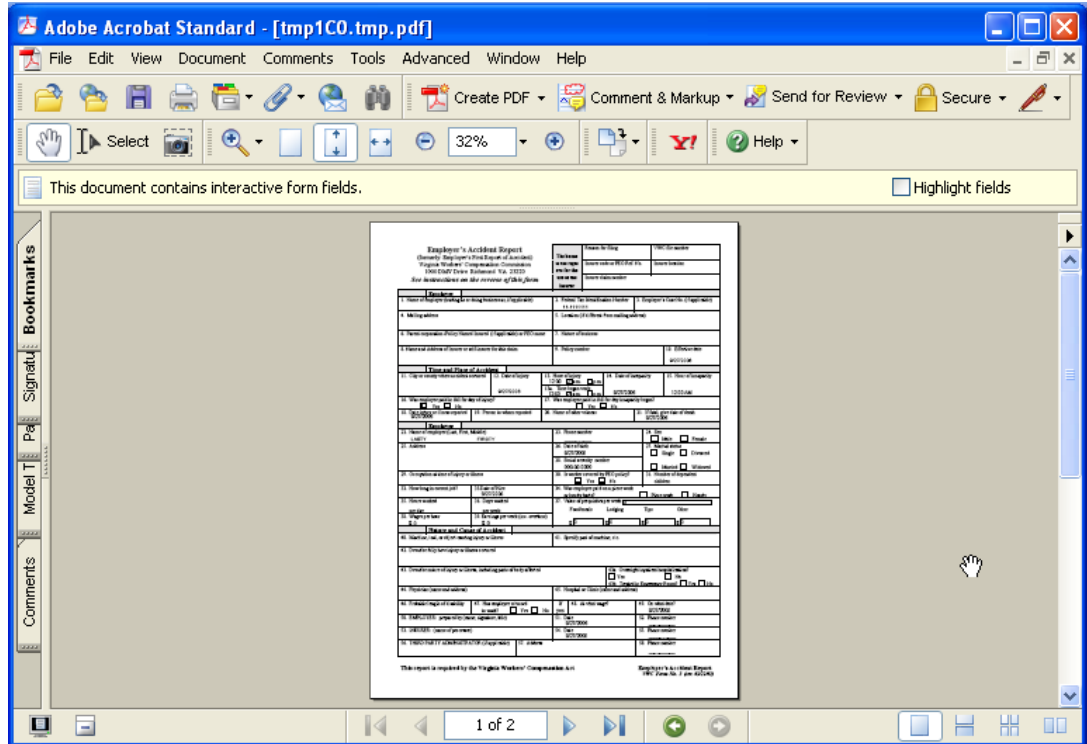
- **For Review Folder**—In the **Documents for you to review** table, a **Print** button is available at the bottom of the Content pane.



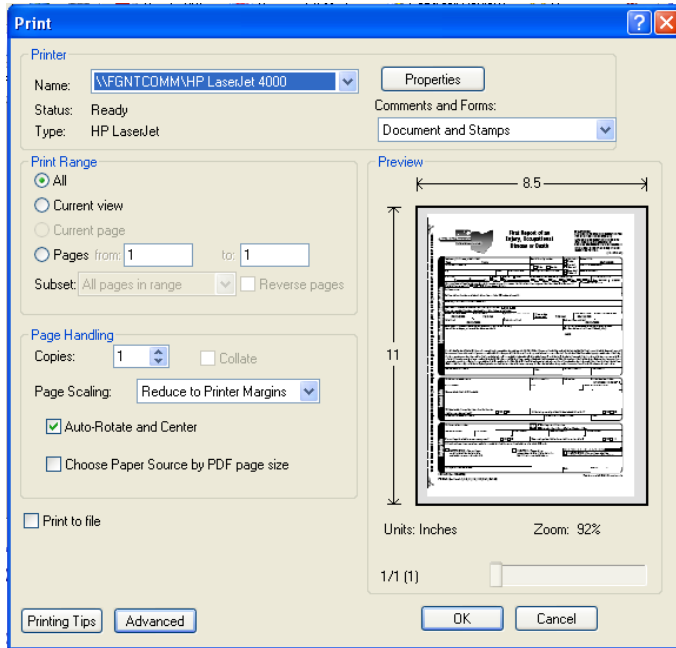
To print the EAR, follow the steps below:

1. Click the **Print** button.

Result: A PDF version of the EAR is generated. Adobe Acrobat launches and displays the PDF on your screen.



2. Click the **Print Form** button on the Acrobat toolbar.



Specify the desired settings and click **OK**.
Result: The EAR is printed to the specified printer.

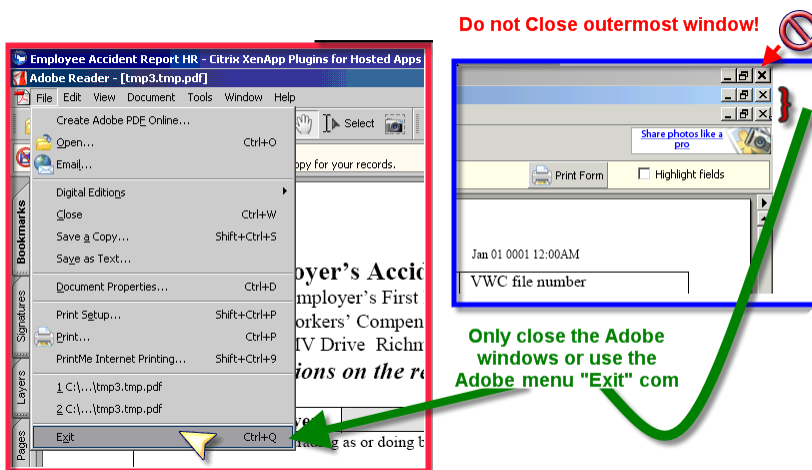
Printer Troubleshooting

Note: Printing within the remotely hosted Adobe Reader application may sometimes fail. If this occurs, you have a couple of options.

1. With the current document safely saved within the Draft or Review queue, close the application to log off of the system. Log back in, re-open the document and reattempt the print request.
2. Make sure your email address is one of the addresses within the Contacts list or add your address to the Email address box in the upper left hand corner of the form. Once the second submission is complete and a claim has been created, a copy of the form will be emailed back to your account.

Closing Adobe Reader window

Be careful when closing the Adobe Reader window so that you do not close the entire VLW application in the process. If you see multiple check boxes , be careful to only click on the inner most box, or use the Adobe Reader Menu to select File – Exit to close.



Deleting an EAR



Caution—The application will prompt you to confirm deletion. However, once you have clicked Yes to confirm the deletion the EAR is not retrievable.

* You cannot delete EARs that have been completely submitted and have a claim #. These are contained within the History list and are permanent.

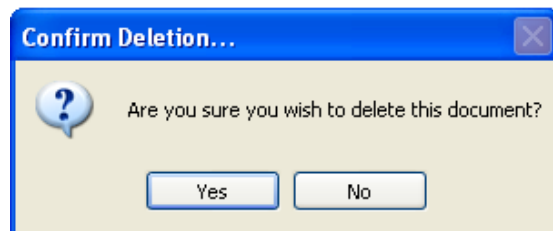
To delete the EAR, follow the steps below:

1. Click the **For Review** folder icon in the left pane.

Result: The **Documents for you to review** table displays in the Content pane.

#	Subject	Form	Created
13364	TEST Claimant Injury John Doe	COV EAR	10/5/2009 2:56 PM
13361	10/5/2009 2:51:23 PM	COV EAR	10/5/2009 2:51 PM

2. Select the EAR to be deleted.
3. Click the **Delete** button.
Result: A Confirm Deletion dialog box displays.
4. Click **Yes** to confirm the deletion.
Result: The EAR is deleted.



Entering a New EAR

COV EARs can be entered by Generic Users or Named Users. If a Named User enters a new COV EAR, then the EAR will display in his/her “For Review” folder. The Named User will then have to open the AR, and submit it again to complete the transmission to VCS.

Entering a New EAR

EARs can be entered by Generic Users or Named Users. If a Named User enters a new EAR, the EAR will display in the “For Review” folder. The Named User must re-open the EAR, and submit it again to complete the transmission to MCI. You may also see EARs “For Review” submitted by Generic Users. (See For Review EARs below)

4. Click the **New Document** toolbar button, select **eFROI**, and then select **COV EAR**.
5. Click Show Selection in the Agency Control in the Employer area. Scroll down the list and pick your Agency.
6. If applicable, also pick your Sub-Agency.
7. 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)
8. 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.
9. 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.
10. In the Email Addresses field (top left), enter additional email addresses (in addition to those of the HR personnel displayed in # 4 above), separated by commas, but no spaces. Initial submission email and a 2nd submission notice with form attached will be sent to the address(s).
11. 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.
In the **Validation Results** area on the left side; double-clicking an item will take you to the item on the form.
12. The following items **must be completed** if possible by the Named or Generic User:
 - #11 Postal zip code where injury occurred.
 - #12 Date of Injury Tip-Click the drop-down arrow to select the date with the calendar.
 - #13 Hour of Injury
 - #14 Date of Incapacity (1st day missed work)
 - #16 Was employee paid in full for day of injury.
 - #18 Date Injury or Illness Reported

- #22 Employee First Name
- Employee Last Name
- #23 Phone Number of Injured Worker
- #24 Sex
- #25 Address of Injured Worker
- #26 Date of Birth
- #27 Marital Status
- #28 Social Security Number
- #29 Occupation at time of Injury
- #42 Describe fully how injury occurred.
 - Select Cause Code
- #43 Describe Nature of Injury or Illness
 - Select Part of body affected
- #31 Number of Dependent Children
- #47 Has employee returned to work?
- #48 If yes, On what date?

Note: As a Named User, you should also ensure the following is completed prior to submission to VCS:

Type of Claim

Indemnity: You expect lost time greater than 7 days.

Medical Only: Not Indemnity, but Hospital or Physician treatment is expected.

Record Only: Incident Only, first aid only.

#2 Fed Tax Id No.: Your Agency's FEIN.

#33Date of Hire

#36NCCI Occupational Classification

Sample Blank Form

COV EAR - New

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the insurer

Reason for filing	Insurer location
<input type="text"/>	762
Insurer claim number	
<input type="text"/>	

Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission.
For multiples, separate addresses with comma "," - No Spaces

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer

Click button to edit -> [Show Selection](#)

Agency:

Sub-Agency:

Contacts

First Name	Last Name	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Name of Employer (trading as or doing business as, if applicable) and 4. Mailing Address

Display Number Locations Select Org [Show Display](#)

Find: [Next](#) [Previous](#) Case Sensitive

Time and Place of Accident

11. Postal zip code where injury occurred	12. Date of injury	13. Hour of injury	13a. Time began work	14. Date of incapacity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16. Was employee paid in full for day of injury?	17. Was employee paid in full for day incapacity began?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee						
22. Name of employee (Last)		First		Middle	23. Phone number	Employee Work Number
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Cell Phone		24. Sex				
<input type="text"/>		<input type="radio"/> Male <input type="radio"/> Female				
25. Address		26. Date of birth		27. Marital status		
<input type="text"/>		<input type="text"/>		<input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Widowed		
City	State	Postal Code	28. Social security number		29. Occupation at time of injury or illness	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
32. How long in current job?			33. Date of Hire		34. Was employee paid on a piece work or hourly basis?	
<input type="text"/>			<input type="text"/>		<input type="radio"/> Piece Work <input type="radio"/> Hourly	
35. Hours worked per day	36. Days worked per week		NCCI Occupational Classification			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
Nature and Cause of Accident						
42. Describe fully how injury or illness occurred					Type of Claim	
<input type="text"/>					<input type="text"/>	
Cause of Injury Code						
<input type="text"/>						
43. Describe nature of injury or illness		Parts of body affected		43a. Overnight inpatient hospitalization?	43b. Treated in Emergency Room?	
<input type="text"/>		<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
44. Physician (name)			45. Hospital or Clinic (name)			
<input type="text"/>			<input type="text"/>			
Physician (address)			Hospital or Clinic (address)			
<input type="text"/>			<input type="text"/>			
City	State	Zip	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
46. Probable length of disability		47. Has employee returned to work?			If yes	
<input type="text"/>		<input type="radio"/> Yes <input type="radio"/> No			<input type="text"/>	

COMPLETE THIS SECTION IN ACCORDANCE WITH YOUR HUMAN RESOURCE DEPARTMENT'S INSTRUCTIONS

Employer

2. Fed Tax Id Number

3. Employer Case No. (If applicable)

5. Location (if different from mailing address)

City

State

Zip

6. Parent corporation/Policy Named Insured (If applicable) or PED name

7. Nature of business

8. Name of Insurer or self-insurer for this claim

Address of Insurer or self-insurer for this claim

City

State

Zip

9. Policy number

Time and Place of Accident

15. Hour of incapacity

21. If fatal, give date of death

Employee

31. Number of dependents

37. Value of perquisites per week

38. Wages per hour

39. Earnings per week (inc. OT)

Food/meals

Lodging

Tips

Other

Nature and Cause of Accident

40. Machine, tool, or object causing injury or illness

41. Specify part of machine, etc.

50. EMPLOYER: prepared by (name, signature, title)

51. Date

52. Phone number

53. INSURER:

54. Date

55. Phone number

56. THIRD PARTY ADMINISTRATOR (if applicable)

57. Address

58. Phone number

City

State

Zip

Were Safety Regulations Violated?

 Yes No

Was a Drug/Alcohol Screening Performed?

 Yes No

Was a 3rd Party Responsible for Injury?

 Yes No

If Yes,

Party Name

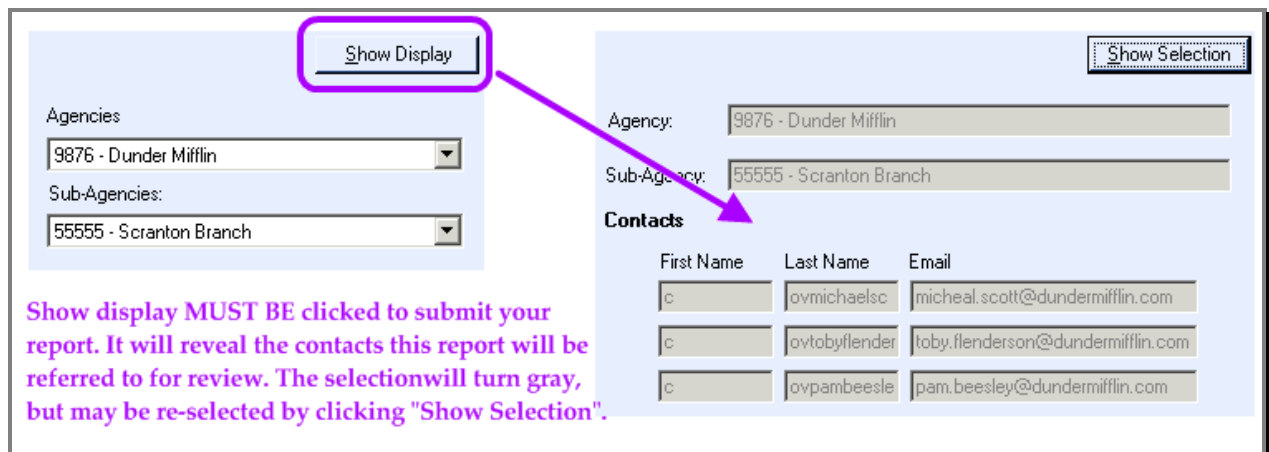
Party Address

Party Phone

Comments to Carrier Claim Staff

Agency Control and assignment

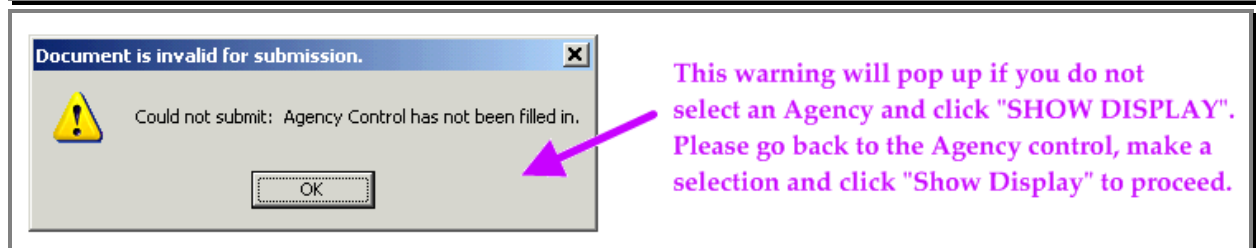
The Agency control must be completed prior to the initial submission. Any user completing an initial submission for review must complete this field before it will be accepted. Requiring this selection before any submission provides assurance the report will be assigned to a valid HR reviewer for final submission.



The screenshot shows a form with two main sections. The left section has two dropdown menus: 'Agencies' with '9876 - Dunder Mifflin' selected, and 'Sub-Agencies' with '55555 - Scranton Branch' selected. A purple box highlights the 'Show Display' button. The right section has 'Agency:' and 'Sub-Agency:' fields with the same selections. Below this is a 'Contacts' table with three rows of contact information. A purple arrow points from the 'Show Display' button to the 'Contacts' table.

First Name	Last Name	Email
c	ovmichaelsc	micheal.scott@dundermifflin.com
c	ovtobyflender	toby.flenderson@dundermifflin.com
c	ovpambeesle	pam.beesley@dundermifflin.com

Show display MUST BE clicked to submit your report. It will reveal the contacts this report will be referred to for review. The selection will turn gray, but may be re-selected by clicking "Show Selection".



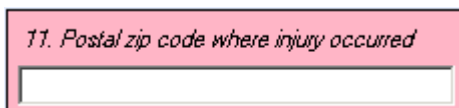
The screenshot shows a dialog box with a yellow warning icon and the text: 'Document is invalid for submission. Could not submit: Agency Control has not been filled in.' An 'OK' button is at the bottom. A purple arrow points from the text to the dialog box.

This warning will pop up if you do not select an Agency and click "SHOW DISPLAY". Please go back to the Agency control, make a selection and click "Show Display" to proceed.

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

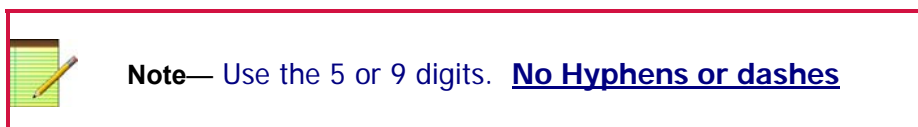
This error will prevent you from submitting. Ensure you have selected "Show Display" and can see the Contacts. You may have to reselect the Agency again if you continue to have trouble. The button label switches between "Show Selection" and "Show Display" as you use it

Postal Zip Code Field



The screenshot shows a text input field with a pink border and the label '11. Postal zip code where injury occurred' above it.

Requires the 5 or 9 digit postal zip code for the location where the injury occurred.
If unknown, enter the location where the employee works.



Example:

Injury occurred in Zip Code 24201 (Bristol, VA):
Enter: 24201

Injury Occurred at 2300 Plank Road in Fredericksburg: 22401-4902
Enter: 22401 or 224014902



Tip—The US Postal Service provides an easy to use Zip Code lookup page.

<http://zip4.usps.com/zip4/>

Below is an example of this lookup service in use:

ZIP Code Lookup

Search By Address >> Search By City >> Search By Company >>

Find a ZIP Code by entering an address.
(You can also search for a partial address, such as "Main Street, Fairfax, \

* Required Fields

* Address 1

Address 2 Apt, floor, suite, etc.

* City

* State [Find state abbreviation](#)

ZIP Code

[Submit >](#)

Find a ZIP + 4® Code By Address Results

You Gave Us
2300 PLANK RD
FREDERICKSBURG VA

[Lookup Another ZIP Code™](#)

Full Address in Standard Format ?

2300 PLANK RD
FREDERICKSBURG VA 22401-4902

Automatic emails to Named Users

Upon choosing an Agency with the Agency Selection tool, the Agency Contacts (Named Users) are shown in the "Contacts" list below the selection. Upon submission of the form, notification emails will be sent automatically to these addresses.

The screenshot shows a web form for agency selection. At the top, there is a 'Show Display' button highlighted with a purple box and an arrow pointing to it. Below this are two dropdown menus: 'Agencies' with '9876 - Dunder Mifflin' selected, and 'Sub-Agencies' with '55555 - Scranton Branch' selected. Below these is a 'Show Selection' button. Underneath, there are two text input fields: 'Agency:' containing '9876 - Dunder Mifflin' and 'Sub-Agency:' containing '55555 - Scranton Branch'. Below these is a 'Contacts' section with a table:

First Name	Last Name	Email
c	ovmichaelsc	micheal.scott@dundermifflin.com
c	ovtobyflender	toby.flenderson@dundermifflin.com
c	ovpambeesle	pam.beesley@dundermifflin.com

Two purple arrows point from the 'Contacts' table to a text box on the right that says: 'Emails will be sent to these addresses upon submission.'

You must click on "Show Display" before submitting your report. You can then review your HR reviewer contacts that will review the form for final submission.

Emails will be sent to these addresses upon submission.

The email field is still available on the form.

Addresses may still be added to send notices to additional addresses that do not appear in the Contacts list.

Enter email addresses to send submission notice and receive copy of EAR and Claim Number upon final submission. For multiples, separate addresses with comma "," - No Spaces

jhalpert@dundermifflin.com,amartin@dundermifflin.com

Manually entered addresses may still be used. They will be added to the email list with the contacts. In this example, these two addresses and the three contacts will be emailed.

Refreshing your Folder Contents

To ensure that you have the most recent information in your For Review folder or the Draft folder, you can click the blue label text. The system will update your display.



Viewing EAR History

Click on the “History” button to view prior complete submissions. You may review your past EAR submissions after final submission. Only EARs submitted by your personal account can be viewed. You cannot change or edit these Historical documents, but they can be viewed to verify the data you submitted.

HR users now have a History Button

HR users may review reports they previously submitted. Only documents they have submitted are visible.

History documents may be opened for review, but no further changes or submissions can be made.

File Edit View Help
New Document View Open Home History

AVIZENT™
February 18, 2009
Welcome FGCINC\vaeaerqa-hr1

2 Draft 7 For Review
Refresh

Validation Results
Fields Results

Documents historical..

#	Subject	Form	Created	FGClamnum
5718	john doe	COV EAR	2/10/2009 1:18 PM	
5717	test2222	COV EAR	2/10/2009 1:10 PM	
5712	VA EAR	COV EAR	2/6/2009 5:36 PM	20090040000123
5711	EAR Test	COV EAR	2/6/2009 5:12 PM	
5710	lemix, Mario 12/19/2008	COV EAR	2/6/2009 4:51 PM	20090040000122
5709	Malone, Sam DOI 1/3/09	COV EAR	2/6/2009 4:45 PM	
5708	Buntz, Raymond 5/1/09	COV EAR	2/6/2009 4:10 PM	19920040000004
5707	Submit Test 1	COV EAR	2/6/2009 2:42 PM	
5706	Kramer, Kosmo 1/2/2009	COV EAR	2/6/2009 12:34 PM	
5705	Bauer, Jack 1/31/2009	COV EAR	2/6/2009 12:32 PM	
5704	Zmiello, Anthony 1/7/09	COV EAR	2/6/2009 12:01 PM	20090040000121
5703	Bennis, Elaine 2/6/2009	COV EAR	2/6/2009 11:34 AM	20090040000120
5702	Clayven, Clifford 2/6/2009	COV EAR	2/6/2009 11:30 AM	20090040000119
5701	Test EAR #2	COV EAR	2/6/2009 11:05 AM	20090040000118
5700	Wayne, John 5/15/2008	COV EAR	2/6/2009 11:02 AM	
5699	Test EAR #3	COV EAR	2/6/2009 11:00 AM	
5697	Schrute, Dwight 1/2/09	COV EAR	2/6/2009 10:49 AM	20090040000126
5695	Bernard, Andrew 2/14/09	COV EAR	2/6/2009 10:34 AM	20090040000117

Edit Print Details

Index

- About, 5
- Accessing Technical Support, 9
- Accessing VISUAL Liquid Web, 7
- Agency Control and Assignment, 31
- Closing an EAR, 21
- Closing the VISUAL Liquid Web Application, 9
- Content Pane, 14
- Copyrights, 3
- Data Entry Features**, 18
- Deleting an EAR Draft, 25
- Disclaimer of Warranty, 3
- Edit, 11
- Emails to Named Users, 32
- Entering a New EAR, 26
- Example Document Cycle Workflow, 15
- File, 11
- Getting Started, 6
- Graphic Alerts, 5
- Index, 34
- Left Pane, 14
- Menus, 11
- Navigating VISUAL Liquid Web, 10
- Ownership by Named user, 18
- Printing an EAR, 22
- Refreshing your Folder Contents, 33
- Sample Blank Form, 28
- Standard Buttons, 13
- Submitting an EAR, 20
- System Requirements, 4
- Text Conventions, 5
- Toolbar, 13
- Trademarks, 3
- Using VISUAL Liquid Web, 16
- View, 11
- Viewing EAR History, 33
- Viewing/Updating the EARs you have to Review, 16