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Disclaimer of Warranty
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System Requirements
The following table outlines the system requirements for optimal performance.

<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software</td>
<td>* Citrix ICA client for Windows</td>
<td>Citrix ICA client for Windows</td>
</tr>
<tr>
<td>Internet Browser</td>
<td>IE 6 SP2, SSL 2 and 3 enabled</td>
<td>IE 6 SP2, SSL 2 and 3 enabled</td>
</tr>
<tr>
<td>Connection</td>
<td>56 KB</td>
<td>Broadband</td>
</tr>
<tr>
<td>Screen Resolution</td>
<td>1024 x 768</td>
<td>1024 x 768</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Element</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>bold text</strong></td>
<td>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</td>
</tr>
<tr>
<td><em>Italic Font</em></td>
<td>Variables for which you supply a specific value; information that you supply</td>
</tr>
<tr>
<td><strong>ALL CAPITALS</strong></td>
<td>Acronyms, names of certain commands, keys on the keyboard</td>
</tr>
<tr>
<td>Initial Capitals</td>
<td>Names of applications, screens, programs, field names</td>
</tr>
</tbody>
</table>

Graphic Alerts
The following graphic alerts are used in this document.

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="flag.png" alt="Caution" /></td>
<td><strong>Caution</strong>—Alerts you to potential problems, such as data loss or security breaches.</td>
</tr>
<tr>
<td><img src="example.png" alt="Example" /></td>
<td><strong>Example</strong>—Provides a hands-on interactive lesson, or indicates material that helps clarify the current discussion.</td>
</tr>
<tr>
<td><img src="note.png" alt="Note" /></td>
<td><strong>Note</strong>—Alerts you to supplementary information.</td>
</tr>
<tr>
<td><img src="tip.png" alt="Tip" /></td>
<td><strong>Tip</strong>—Provides additional information that may be helpful to task completion such as shortcuts.</td>
</tr>
</tbody>
</table>
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/vaear-hr](https://apps.frankgates.com/vaear-hr) and press Enter.

   ![Image of VISUAL Liquid Web Intake home page]

   **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.

   ![Image of Log In screen]

   **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.

<table>
<thead>
<tr>
<th>Button</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="New Document" /></td>
<td><strong>New Document</strong>—Enables you to enter a new EAR into the system.</td>
</tr>
<tr>
<td><img src="image" alt="View Open" /></td>
<td><strong>View Open</strong>—Displays the tabs for all the open EARs. The most recently viewed EAR is displayed on screen.</td>
</tr>
<tr>
<td><img src="image" alt="Home" /></td>
<td><strong>Home</strong>—Takes you back to the initial startup screen</td>
</tr>
<tr>
<td><img src="image" alt="History" /></td>
<td><strong>History</strong>—Enables you to review prior claim submissions completed with your account.</td>
</tr>
</tbody>
</table>

**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.

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

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

Left Pane
The left pane contains the following areas.

- **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**

1. **Anonymous user enters claim into VISUAL Liquid Web using COV EAR.**
2. **Email notification is sent to the Agency HR contact(s) (Named Users).**
3. **Email also sent to email addresses entered by the anonymous user in the "Email address" field on the EAR.**
4. **Anonymous user can print form submitted.**
5. **The submitted report will display in the named user’s “For Review” folder.**
6. **Named user reviews and completes EAR, performs initial investigation, and submits claim.**
7. **Email sent to Named User(s) with new Avizent claim number and copy of the Accident EAR report.**
8. **Claim received by MCI staff and assigned to the appropriate claims team member.**
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.

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.

![Image of EAR form](image-url)

**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.)

<table>
<thead>
<tr>
<th>Type of Field</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Free Form Text</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
<tr>
<td>You can type freely within these fields. * You can copy and Paste in these fields.</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
<tr>
<td>2. Dates</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
<tr>
<td>With drop down calendars</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
<tr>
<td>You can use the arrows to navigate by Month and by Year. ** Type over to replace elements such as year after picking via calendar.</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
<tr>
<td>3. Time with up and down arrows</td>
<td><img src="#" alt="Sample Image" /></td>
</tr>
</tbody>
</table>
4. Yes / No radio buttons

Note—When in a field which contains radio buttons, to select neither button, press Enter, instead of tab to exit the field.

16. Was employee paid in full?

To Unselect all choices 1.
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.

![Please enter a subject name for this document](image)

**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.

![Claim submitted successfully](image)

- 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:

```
Claim submitted successfully

A claim currently exists for the entered SIN and date of injury. A duplicate claim cannot be created.
Existing Claim Number: 2009040010245

OK
```

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**—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.

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 EAR, 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
#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.
#33 Date of Hire
#36 NCCI Occupational Classification
Sample Blank Form

Employer's Accident Report

(Formerly Employee's First Report of Accident)
Virginia Workers' Compensation Commission
2000 DMV Drive Richmond VA 23228

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

Reason for filing

Insurer Location

Insurer claim number

THIS SECTION TO BE COMPLETED BY EMPLOYEE / SUPERVISOR

Employer

Agency:

Sub-Agencies:

Contacts

First Name

Last Name

Email

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

2. Your Display Number

3. Address

4. Locations

5. Select Org

6. Show Display

Time and Place of Accident

7. Postal zip code where injury occurred

8. Date of Injury

9. Hour of Injury

10. Date began work

11. Date of Incapacity

12. Was employee paid in full for day of injury?

13. Was employee paid in full for day of incapacity began?

14. Date Injury of Illness reported

15. Person to whom reported

16. Name of other witness

<table>
<thead>
<tr>
<th><strong>22. Name of employee (Last)</strong></th>
<th><strong>First</strong></th>
<th><strong>Middle</strong></th>
<th><strong>23. Phone number</strong></th>
<th><strong>24. Sex</strong></th>
<th><strong>25. Address</strong></th>
<th><strong>26. Date of birth</strong></th>
<th><strong>27. Marital status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>28. Social security number</strong></th>
<th><strong>29. Occupational classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>30. How long in current job?</strong></th>
<th><strong>31. Date of hire</strong></th>
<th><strong>32. Was employee paid on a piece work or hourly basis?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Piece Work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hourly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>33. Days worked per week</strong></th>
<th><strong>34. NCCI Occupational Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nature and Cause of Accident**

<table>
<thead>
<tr>
<th><strong>42. Describes fully how injury or illness occurred</strong></th>
<th><strong>43. Type of claim</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cause of Injury Code**

<table>
<thead>
<tr>
<th><strong>49. Describes nature of injury or illness</strong></th>
<th><strong>50. Part of body affected</strong></th>
<th><strong>48a. Overnight inpatient hospitalization?</strong></th>
<th><strong>48b. Treated in emergency room?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>44. Physician (name)</strong></th>
<th><strong>45. Hospital or clinic (name)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>46. Physician (address)</strong></th>
<th><strong>47. Hospital or clinic (address)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>46a. City</strong></th>
<th><strong>46b. State</strong></th>
<th><strong>46c. Zip</strong></th>
<th><strong>46d. City</strong></th>
<th><strong>46e. State</strong></th>
<th><strong>46f. Zip</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>47. Has employee returned to work?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
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.

*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

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.

Note—Use the 5 or 9 digits. **No Hyphens or dashes**
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.


Below is an example of this lookup service in use:

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

* Required Fields

<table>
<thead>
<tr>
<th>Address 1</th>
<th>2300 Plank Rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>FREDERICKSBURG</td>
</tr>
<tr>
<td>State</td>
<td>VA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

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 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 E&O and Claim Number upon final submission. For multiples, separate addresses with commas. - No Spaces

jhapert@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.

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.
**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.
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