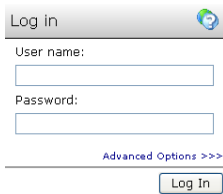


### Accessing VISUAL Liquid Web

**NOTE:** There are minimal requirements for accessing VISUAL Liquid Web. Refer to the System Requirements section of the User Manual. See your system administrator for assistance.

To access the Named User version of VISUAL Liquid Web:

1. In your internet browser's address field, type <https://apps.frankgates.com/vaeear-hr> & press **Enter**.
2. Enter your user name and password, then click the "Log In" button.



3. Click the "Log In" button.  
**NOTE:** If logging in for the first time you may receive a "Client Detection and Download" notification. Follow the instructions to install.



4. After successful login/installation, click the **Employee Accident Report** icon shown at left.
5. You will see a screen that requests a password. Bypass this request because you will not need a password to continue. Press enter or click "Log in" without entering a password.
6. The VLW application should now launch in a window.

### 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)

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.

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 (in addition to those of the HR personnel displayed in # 4 above), separated by commas, but no spaces. Initial submission email and a 2<sup>nd</sup> submission notice with form attached will be sent to the address(s).
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.  
In the **Validation Results** area on the left side; double-clicking an item will take you to the item on the form.
9. 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.**

**#33 Date of Hire**

**#36 NCCI Occupational Classification**

**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.

**For Review EARs**

When you initially submit a new EAR, it will appear in the “For Review” folder. Also, any EAR created by a Generic User will also appear in this folder. Your second submission as an HR representative is the final step in creating a claim.

1. Click the **For Review** folder icon in the left pane.
2. Select the EAR that you wish to open from the list in the **Documents for you to review** table.
3. Click the **Edit** button at the bottom of the Content pane to open the EAR.
4. Review the information entered and complete additional information as needed.

**Submitting the final EAR to MCI**

1. After reviewing a “for Review” EAR, click the **Submit** button on the EFROI toolbar.

**WARNING:** You cannot make changes to an EAR once it is submitted.

2. After you have clicked Submit, the system validates the data entered.
3. If all the required information is complete and valid, the claim is submitted to the MCI claims processing system.
4. If all the required information is not complete or if the EAR contains invalid information, the system will prompt you to correct the errors before submitting.
5. A Claim number will be issued and presented to you in a pop-up window.
6. Make note of this Claim number for your records. You may use this in your communications with MCI to refer to the claim.

**NOTE:** If the claim is a duplicate based on Date of Injury, the system will not allow you to submit it. It will display a message stating that it is a duplicate. If this occurs, contact the Technical Support service listed below for further instructions.

**History List**

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.

**Technical Support**

Technical Support is available through the Avizent Help Desk.

Email: [tcc@avizentrisk.com](mailto:tcc@avizentrisk.com)  
Telephone: 800-727-4283 Option #2