

DHRM – Office of Workers’ Compensation
Agency Contact Addition/Change Form

To confirm existing agency contacts, contact the Office of Workers' Compensation at (804) 786-0368 or pam.goetz@dhrm.virginia.gov. Fax the completed form to (804) 786-8840.

Name: _____

Title: _____

Agency Name and location: _____

Agency Number: _____ Sub-Agency Number (if applicable): _____

Street Address/PO Box: _____

(if the office is located in the metro-Richmond area, please provide a street address for DGS interagency mail)

City, State, Zip: _____

E-Mail Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Are you replacing an existing contact? Yes , **if so, name** _____ ; **No**

A. Visual Liquid Web:

Employer’s Accident Report (EAR) submission authority - This contact will have authority to forward EARs on behalf of the agency directly to Managed Care Innovations via electronic submission. Limit of three per agency. Some exclusions apply per agency request.

B. VRS access/type of contact (mark only one designation in this section):

Human Resource Contact - Primary (only one primary contact per agency) Backup
This contact will receive all correspondence and communication regarding Workers’ Compensation claims and will have access to all VRS information on file.

Safety Contact - This contact will receive safety-related correspondence and will have limited access to VRS information excluding access to confidential medical, salary, and payment information on individual claims. Aggregate agency costs are available.

Payroll Contact - This contact will receive all payments and will have limited access to VRS information regarding Workers’ Compensation claims accepted and checks issued only.

C. Return-to-Work:

Return-to-Work Contact - This contact will receive e-mail related to and be the contact for the EO 109 (10) annual report.

I understand that information I have access to is confidential personnel information that may only be released under certain circumstances. Prior to the release of any information (including agency staff) I agree that I will review the DHRM Policy 6.05 Personnel Record Disclosure, the Freedom of Information Act, and any agency policy on personnel records disclosure. I agree that I will use this system strictly on a need to know basis in order to complete the duties of my position.

Signature of contact

Date

APPROVAL OF ACCESS REQUEST: If the requesting contact is the HR Director, the Agency Head will be required to sign. If the requesting contact is in a field office, the agency's central office HR Director can sign.

Human Resource Director’s signature

Print HR Director’s name

(_____) _____
Phone number