

# Office of Workers' Compensation - Agency Contact Addition/Change Form

Email or fax the completed form to Pamela Goetz at [pam.goetz@dhrm.virginia.gov](mailto:pam.goetz@dhrm.virginia.gov) or 804-786-8840. To confirm existing agency contacts, contact 804-786-0368 or [pam.goetz@dhrm.virginia.gov](mailto:pam.goetz@dhrm.virginia.gov).

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. Type of contact:

### Human Resource Contact – specify one

**Primary** - Each agency must list only one primary contact. This contact will receive correspondence and communication regarding Workers' Compensation claims.

Do you prefer to receive claims correspondence via mail (hard copy) or email (e-copy) ?

**Secondary** - This is a back-up contact to the primary.

**Safety Contact** - This contact will receive safety and training related messages.

For OWC use: iCE VRS VLW Listserv
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## B. Visual Reports Studio (VRS) access:

**Human Resource** - This contact will have access to all claim information on file.

**Safety** - This contact will have limited access to claim information excluding access to confidential medical, salary, and payment information on individual claims. Aggregate agency costs are available.

**Payroll** - This contact will have limited access to claim information regarding claims accepted and checks issued only.

## C. Sedgwick Employer Accident Report Portal / FROI (formerly VLW):

The contact will have FROI access as a named user and have authority to file claims on behalf of the agency directly to MC Innovations via electronic submission.

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.

For OWC use: iCE VRS VLW Listserv ARR Sedgwick
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\_\_\_\_\_  
Signature of contact

\_\_\_\_\_  
Date

APPROVAL OF ACCESS REQUEST: If the requesting contact is in a field office, the agency's central office HR Director should sign.

\_\_\_\_\_  
Human Resource Director's signature

\_\_\_\_\_  
Print HR Director's name

(\_\_\_\_) \_\_\_\_\_  
Phone number