

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

Email or fax the completed form to Pamela Goetz at pam.goetz@dhrm.virginia.gov or 804-786-8840. To confirm existing agency contacts, contact 804-382-2481 or 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. Contacts are listed in the claims system as resources for the benefit coordinators/claims staff.

☐ **Human Resource Contact – specify one**

☐ **Primary** - Each agency must have one primary contact. *If you mark this box, you will be replacing the existing contact and he/she will be removed and access deleted.* This contact be the addressee for correspondence 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. Each agency may have multiple.

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

B. Monthly report delivery.

☐ **Human Resource** - Receive monthly reports containing all claim information on file.

☐ **Safety** - Receive limited claim information regarding nature of injury and aggregate claim costs.

☐ **Payroll** - Receive limited 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.

Signature of contact

Date

APPROVAL OF ACCESS REQUEST: For VDOT and VADOC, the agency's central office must sign for approval.

For OWC use:
JURIS
VO/BO
FROI
GovDel
ARR
Sedgwick

Human Resource Director's signature

Print HR Director's name

(____) _____
Phone number