ACORD™ VIRGINIA REJECTION OF COVERAGE UNDER THE VIRGINIA WORKERS' COMPENSATION ACT

VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, VA 23220

EMPLOYER INFORMATION

CORPORATE/L.L.C. NAME		CHECK ONE ☐ CORPORATION ☐ L.L.C.
STREET ADDRESS		
CITY	STATE	ZIP CODE
FEDERAL IDENTIFICATION NUMBER	VIRGINIA STATE CORPORATION NUMBER	

OFFICER/MANAGER REJECTING COVERAGE

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE

TITLE OF OFFICER/MANAGER	SOCIAL SECURITY NUMBER	DATE OF HIRE (MM/DD/YYYY)	Are you paid a salary or wages on a regular basis at an agreed upon amount ? (Corporate Officers Only) ☐ YES ☐ NO

CURRENT COVERAGE INFORMATION

NAME OF INSURANCE CARRIER OR SELF- INSURED GROUP	POLICY NUMBER	POLICY PERIOD
		_____ TO _____

Pursuant to the provisions of Statute 65.2-300 of the Virginia Workers' Compensation Act, the undersigned hereby rejects the right to claim workers' compensation benefits for injuries or accidents.

_____ SIGNATURE OF OFFICER/MANAGER

_____ DATE (MM/DD/YYYY)

_____ SIGNATURE OF EMPLOYER (By)

_____ DATE (MM/DD/YYYY)

_____ WITNESS

_____ DATE (MM/DD/YYYY)

A copy of this notice must be handed to the employee or sent by registered mail. An additional copy must be filed with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220.

VWC Form No. 16A (rev 1/1/99) (See opposite side for instructions to complete this form)

INSTRUCTIONS

REJECTION OF COVERAGE

VWC FORM 16A

File a single copy of this form with the Virginia Workers' Compensation Commission

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

1. Fill out this form whenever an officer of a corporation or a manager of an L.L.C. elects to reject coverage for an accident under the Virginia Workers' Compensation Act.

2. The name of the corporation/L.L.C. should be the same as the Charter by which the corporation or L.L.C. is licensed. Use the mailing address used by the corporation or L.L.C. to receive mail by the U.S. Postal Service.

3. Identify the entity by checking corporation or L.L.C. Provide the employer's Federal Identification Number and the State Corporation Commission Number, if applicable.

4. Provide all requested information for the officer/manager rejecting coverage. Officers of a corporation must check "Yes" or "No" to the question regarding salary or wages.

5. Provide current workers' compensation insurance coverage information. Do not use such terms as "To Be Assigned", "Pending" or "Unknown".

6. Signatures of the employer, officer/manager and the witness are required.

REJECTION OF COVERAGE BY AN OFFICER OR MANAGER IS CONTINUOUS UNLESS ENDED BY FILING A TERMINATION OF PRIOR REJECTION OF COVERAGE (VWC FORM 17A)

Additional copies of this Form are available without cost by writing to the Commission.
Address requests to:

"FORMS"
Virginia Workers' Compensation Commission
1000 DMV Drive
Richmond, VA 23220