



# Explaining the Claim for Benefits form and the Award process

(The extremely important steps that the insurance company doesn't want to tell you!)

## **The Claim for Benefits Process**

Just because your Employer's Insurance Carrier is aware of your injury does not mean that the Virginia Workers' Compensation Commission (VWCC) is. Insurance Companies may recognize your claim voluntarily without the oversight of the Commission which can harm you later on.

Filing a Claim for Benefits within the two year statute of limitations is the **ONLY** way to protect your self in the future. Even if the Insurance Carrier is paying for your time out of work and/or medical expenses, you should still file a Claim for Benefits to protect your self beyond this two year period. Once the two years has expired, there is **NOTHING** that can be done to protect your rights.

The attached Claim for Benefits form should be filled out completely under Part A, including your contact information, as well as your employer's information. Be sure to include a **SPECIFIC** detailed description of how the injury occurred. **Repetitive Injuries, unexplained falls and injuries from working/lifting all day are not covered.** Under the section that asks you to list body parts make sure that you list **ALL** parts of you body that are affected by the injury – for example if you injured your lower back and now you have pain going down your right leg, you would list your lower back and right leg. If it is not listed on the Claim for Benefits, the Insurance Carrier does not have to cover the cost of medical treatment for that part of the body. Finish Part A with a signature and date.

Under Part B, **specify what it is that you need** –a lifetime medical award to cover the medical and future medical costs of the injury – and, if applicable, you can also request lost wages for the time that you have missed as a result of your injury. Workers' Compensation does not start paying for lost wages until the injured worker has missed 7 days or more due to their

work injury as instructed by a Doctor. Once you miss 21 or more days, you can be reimbursed for the first 7 days. You will only be paid lost wages when the doctor has given you a written out of work slip. If the doctor takes you out of work, get an out of work slip at every appointment. **NEVER** leave the doctor's office without it!

Attach the appropriate documentation (see the bottom of Part B), **REMOVE THIS SHEET** and mail the Claim for Benefits form to:

**Virginia Workers' Compensation Commission**

1000 DMV Drive  
Richmond, VA 23222  
Phone: 1-877-664-2566

You can also fill out this form online at  
[www.workcomp.virginia.gov](http://www.workcomp.virginia.gov)

Once this form has been filed with VWCC, you will receive a "20 Day" order in the mail, this means that the VWCC has contacted the Workers' Compensation Insurance Carrier and they have 20 days to respond to the VWCC and declare whether they are officially approving or denying the claim.

**The Award Process**

If your claim is accepted, the Insurance Carrier will send you Award Agreement forms. Make sure the body parts and wages are **ALL** listed correctly! Then you can sign the form and return it to the Insurance Adjuster. **BE SURE** that anything you listed on the Claim for Benefits form is reflected on the Award Agreement, if you sign an Award that does not list **ALL** the body parts you listed, you will be **FOREVER BARRED** from pursuing benefits for these body parts if in the future.

Once you have signed the Award Agreement and returned it to the Adjuster, he or she will then mail it to the VWCC. The VWCC will then issue an **Award Order** and your benefits are **PROTECTED!**

I always recommend speaking with an experienced attorney to assess your unique situation. If you have not yet spoken with Injured Workers' Law Firm please contact our intake specialist at (804) 755-7755, toll free at (877) 755-7744 or visit our website at

[www.injuredworkerslawfirm.com](http://www.injuredworkerslawfirm.com)



# Claim For Benefits

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond Virginia 23220  
1-877-664-2566



www.workcomp.virginia.gov

Jurisdiction Claim #: \_\_\_\_\_

Claim Administrator #: \_\_\_\_\_

## PLEASE PROVIDE INFORMATION BELOW

### PART A – CLAIM FORM (REQUIRED)

All injured workers should complete this section for workers' compensation injuries

SEE "FILING INSTRUCTIONS" AND "BENEFITS COVERED" ON REVERSE SIDE

Injured Worker's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Parts of Your Body Injured: \_\_\_\_\_

How injury occurred: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Average Gross Earnings per week: \$ \_\_\_\_\_

Location of accident (City or County): \_\_\_\_\_ State \_\_\_\_\_

*If claiming an occupational disease:*

- name of occupational disease: \_\_\_\_\_
- date you last worked for this employer: \_\_\_\_\_
- date doctor told you disease was caused by work: \_\_\_\_\_

I hereby file this claim to protect my rights under the Virginia Workers' Compensation Act for the injury or disease described above. Unless indicated in Part B below, I am not requesting the Commission take any specific action at this time.

\_\_\_\_\_  
Injured Worker's Signature (Required)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### PART B - REQUEST FOR BENEFITS (Optional)

I need assistance obtaining the following benefits and request a hearing if necessary:

- I need a lifetime Award of medical benefits for my injury (including any treatment already received & paid for) \*\*
- I missed work because of my injury for the periods: From: \_\_\_\_\_ To: \_\_\_\_\_ \*\*  
From: \_\_\_\_\_ To: \_\_\_\_\_
- I earned less pay while at work because of my injury for the periods: From: \_\_\_\_\_ To: \_\_\_\_\_ \*\*  
From: \_\_\_\_\_ To: \_\_\_\_\_
- I have a loss of use or amputation of a body part, loss of hearing/vision, lung disease or bodily scarring/disfigurement. \*\*
- I have unpaid medical bills or out of pocket medical/prescription/transportation expenses relating to my injury. \*\*
- I am requesting death benefits to dependents or funeral expenses.
- Other \_\_\_\_\_  
(i.e. Change in Condition, Permanent Total Disability, etc.)

\*\* Attach medical records, itemized bills, or receipts.

If there are any questions regarding this form, please contact the Commission toll-free at 1-877-664-2566.

**Claim for Benefits  
VWC Form #5**

**Filing Instructions**

1. If you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you must file a claim with the Virginia Workers' Compensation Commission to protect your right to benefits under Virginia law. Even if you are not requesting specific benefits at this time, you should still submit this form with Part A completed within two years of the date of your accident or diagnosis of disease.
2. If you are requesting specific benefits or if the claim administrator has denied your claim, complete Part B of this form and submit the medical reports either attached to the form, or as soon as possible. You may obtain copies of your medical records directly from your physician.

Importance of Medical Records:

Medical records showing that your accidental injury or disease is work related must be filed with the Commission. File these medical records with your claim or as soon as possible. If you are unable to obtain copies of your medical reports and bills, you may request a subpoena by sending the name and address of the medical provider to the Clerk of the Virginia Workers' Compensation Commission. A \$12.00 money order made payable to the Sheriff of the city or county where the medical provider is located must be included for each subpoena. The Commission cannot issue subpoenas outside Virginia.

3. For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll free at 1-877-664-2566 or visit our website at [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov).

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**Benefits Covered under the Virginia Workers' Compensation Act:**

- Lifetime Medical Benefits – Payment for expenses related to the injury or occupational disease. Includes payment/reimbursement of out of pocket medical, prescription and transportation expenses.
- Wage Loss Replacement (Temporary Total/Temporary Partial Disability): Full or partial wage loss replacement for medically authorized disability from work.
- Permanent Partial Disability – Compensation for loss of use of a body part, loss of hearing/vision, amputation, lung disease or bodily disfigurement/scarring.
- Permanent Total Disability – Lifetime wage replacement for loss of both hands, arms, feet, legs, eyes or any two in the same accident, or is paralyzed or disabled from a severe brain injury.
- Death Benefits – In cases where injury results in death, surviving spouse, children, or certain other dependants may be entitled to wage loss replacement benefits and payment of funeral/transportation expenses.
- Other: Mileage reimbursement, Cost of Living Increases, if eligible. (total wage loss and fatal benefits)