

Please send completed form to:
VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV DRIVE, RICHMOND VA 23220

CLAIM FOR BENEFITS

FILL OUT THIS FORM COMPLETELY. SEE SPECIAL INSTRUCTIONS ON REVERSE SIDE.
MEDICAL REPORTS SHOULD BE FILED WITH THIS CLAIM OR AS SOON AS POSSIBLE.

VWC FILE NUMBER _____ (The file number is usually printed at the top right corner of mail received from the VWC.)

Employee Name		Phone Number	
Address		Soc. Sec. No.	
City/State/Zip			
Employer's Name		Phone Number	
Address			
City/State/Zip			

Have you ever received an award or any compensation payments for this accident or disease? Yes No
 Claimant's average gross weekly wage at the time of the accident or diagnosis of the disease was \$ _____
 Claimant's Employer's workers' compensation insurance carrier is _____

1. Complete this section describing accident or occupational disease or both:

Accident: Accident Date: _____
 Location of accident City or County: _____ State: _____
 How did the accident occur? _____
 Nature of the injury: _____
 Disease: Date doctor told claimant the disease was caused by work: _____
 Name of Doctor: _____
 Nature or name of the disease: _____
 Date of last time exposed to cause of disease at work: _____
 Date you last work for this employer- _____

2. What specific benefits are you seeking? Check all that apply.

- Compensation for total wage loss for the periods listed below:
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
- Compensation for partial wage loss for the periods listed below:
 From: _____ To: _____
 From: _____ To: _____
 From: _____ To: _____
- Compensation for permanent disability
 Payment of lifetime medical costs for this injury and/or disease
 Payment of specific medical bills (attach to this form) related to this injury and/or disease
 Death benefits to dependents or funeral expenses
 Other - Specify: _____

SIGNATURE OF CLAIMANT: _____ Date: _____ Phone: _____

Office use: Filed _____ Last paid _____ Docket for _____ on _____ by _____

Claim for Benefits
VWC Form No. 5 (rev. 9/ 1 /00)
Virginia Workers' Compensation Commission

INSTRUCTIONS

Filing a claim:

EVEN IF YOU HAVE ALREADY RECEIVED BENEFITS FROM YOUR EMPLOYER OR INSURER, YOU MUST FILE A CLAIM WITH THE VIRGINIA WORKERS' COMPENSATION COMMISSION IN ORDER TO PROTECT YOUR RIGHT TO BENEFITS UNDER VIRGINIA LA W. FILE THIS FORM WITH THE COMMISSION AS SOON AS POSSIBLE.

Complete as many of the questions on the reverse side as you can. If you do not know the answer, write "unknown" in the blank. Write "Attention APP" on the mailing envelope to help us process your claim more quickly. Send a copy of the completed form to your employer.

Special instructions on attachments:

1. If your *claim has been denied*, attach a copy of the denial letter.
2. If you are applying for *benefits for permanent disability*, attach the medical report which states the permanency rating and that you have reached maximum medical improvement.
3. If you are requesting *payment of specific medical bills*, attach copies of those itemized bills.
4. If you are applying for *death benefit to dependents*, attach:
 - a. Copies of the birth certificates for each dependent for whom you seek benefits.
 - b. A copy of the marriage license if you seek benefits for a spouse.
 - c. A copy of the death certificate.
5. If you are applying for *reimbursement of funeral expenses*, attach a copy of the bill(s),

IMPORTANCE OF MEDICAL RECORDS:

Medical reports showing that your accidental injury or disease is work related must be filed with the Commission before processing of your claim can be completed. File these medical reports 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 check or 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 subpoenae outside Virginia.