

**COMMONWEALTH OF VIRGINIA  
WORKERS' COMPENSATION COMMISSION**



***WebFile* Guide For  
Professional Employer  
Organizations**

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Instructional Guide for WebFile System

**SEPTEMBER 2014 EDITION**

## PREFACE

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This Guide is designed to assist Professional Employer Organizations (PEOs) with using **WebFile**, the Virginia Workers' Compensation Commission's self-service PEO Registration and Reporting system. The Commission implemented this efficient, web-based system so that the individuals who administer PEOs would have an online resource to manage:

- PEO Registration
- Client Registration
- Client Termination
- Annual Reporting
- Informational filings with the Commission

PEO **WebFile** is the required method for PEO registration and reporting with the Commission. Questions about any of the information provided in this guide should be directed to [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).

## WELCOME

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Welcome to the Virginia Workers' Compensation Commission's **WebFile** system.

The WebFile Guide for PEOs provides the information and instructions necessary for navigating this web-based PEO registration application and reporting tool. The WebFile Guide has been designed to be used in two different ways –

- the printed document may be used as a hard-copy comprehensive reference manual or,
- the electronic file may be used as an online reference guide by reviewing the Table of Contents section, which has been organized in terms of commonly-asked questions

If after reviewing the guide you do not find an answer to your question about how to use **WebFile**, please e-mail your questions to [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).

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# INTRODUCTION – *WebFile for Professional Employer Organizations*

## *Background*

In Virginia, Professional Employer Organizations (PEOs) are regulated by the Virginia Workers' Compensation Commission (the "Commission") and by the Bureau of Insurance of the State Corporation Commission. Each Professional Employer Organization is required to register with the Commission before providing any PEO services.

Under Virginia law, a Professional Employer Organization registered with the Commission is deemed to be an employer of its coemployees.

Under Virginia law, an employer that regularly employs three or more part-time or full-time employees must carry workers' compensation insurance. If a business hires subcontractors to perform the same trade, business or occupation, or to fulfill a contract of the business, the subcontractor's employees are included in determining the total number of employees.

**For Clients, PEOs are asked to know their Clients, the nature of their business and whether they hire subcontractors to assist in the work of the Client's business. If so the PEO should be requesting the Client obtain separate coverage for their Statutory Employer liability.**

## *PEO WebFile – A Web-Based Registration and Reporting System*

PEO **WebFile** is a comprehensive registration and reporting system launched by the Virginia Workers' Compensation Commission in 2010 to centralize PEO filings. Please be aware that PEO Users are required to perform all registration and reporting to the Commission through PEO **WebFile**, therefore, gaining familiarity with the online tool is important. PEO filings in PEO **WebFile** include all of the following:

- PEO registration
- Filing coverage information for the PEO and for clients
- Client registration and termination
- Annual Report filing

## *Commission Assistance*

If questions arise as to when registration is required or specific filing requirements, please seek assistance from the Insurance Department of the Commission by phone at (804) 205-3586 or by email at [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).



TO RETURN TO TOP OF DOCUMENT CLICK  and  BUTTONS

## WebFile ACCESS

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### *Requesting Access*

The first step to using PEO **WebFile** is obtaining access. A PEO WebFile Access Request Form (Form 95) can be found on our website, [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov). Complete the form, print it out, scan it and e-mail it to [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov) as an attachment. A PEO may request **WebFile** access for up to two users. Please note, when requesting user access that all users that obtain access will receive all notices generated by the Commission for that PEO.

User(s) will receive an e-mail from the Commission notifying them that they have access to **WebFile** and will be provided a temporary password.

## WebFile RESPONSIBILITIES

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### *WebFile User*

A PEO **WebFile** User refers to an individual that is authorized to act on behalf of a PEO and applies for and is granted User access through the Commission . The Commission sends out routine and individualized PEO notices, including compliance notices, to **WebFile** Users via email, therefore a current and accurate listing of a PEO's **WebFile** Users and their contact information is required at all times.

The PEO is responsible for:

- Maintaining at least one active PEO **WebFile** User for the PEO at all times
- Ensuring that all PEO **WebFile** Users listed for the PEO with the Commission are current and active and the e-mail addresses accurate
- Notifying the Commission of any change, discontinuance or addition in PEO **WebFile** Users, so that the Commission can take appropriate action to deactivate a User, modify a name, e-mail or take other action that may be required

***Notice sent by the Commission to a WebFile user that is listed as active for a PEO will be deemed notice to the PEO.***

## WebFile SECURITY

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The **WebFile** system has security protocols to help ensure that information remains confidential.

**Logon User Name** The logon username is the User's e-mail address. The e-mail address is also the data used to identify who created and has rights to update the PEO information in **WebFile**.

The logon username cannot be changed to be anything other than another e-mail address. If your e-mail address changes and you wish to update your profile, contact the Commission through [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).

If a user leaves the company or changes responsibilities, please notify the Commission so the account can be deactivated and a new user id established.

***Please note: the PEO is responsible for ensuring that PEO User's information is updated with the Commission.*** Failure to notify the Commission of a change in User e-mail or status shall not be grounds for dismissal of a PEO noncompliance notice sent to a PEO user.

**Passwords.** All users are required to use a password along with their logon username. The initial password will be set up by the Commission. The user will then create a new password at initial login.

### Password Criteria

- Must contain one special character (ie. @#)
- Must be at least 8 characters in length
- Must have at least one number
- Must not have been used within the previous 12 months

\*Passwords expire every 90 days if not used.

Each user has their own individual logon username and password. Logon usernames and passwords should not be shared.

# INITIAL LOG IN AND WEBFILE ENROLLMENT

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This section explains how to login to *WebFile* the first time and enroll in PEO WebFile.

The *WebFile* enrollment step is only required once, the first time a user logs in.



You should have received your logon and temporary password via e-mail. If you have not, then submit an e-mail to [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).

1. To logon go to the following website: <https://webfile.workcomp.virginia.gov>

Click on **Login**

Do not click on Claimant Registration



2. Enter your login username and password

VWC Portal Login

Email:

Password:

[Forgot Password](#)

Login

3. The first time you login you will need to complete the *WebFile* enrollment page.



This symbol next to a field indicates a required field. See below.

4. Set up a new password. Make sure to create a password using the criteria set forth above. Note your password in a secure place. You will need it each time you login. If your password expires or you are locked out of your account, contact the Commission at [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov). A password is not re-usable for 12 months.
5. The next fields capture responses to security questions that will assist you in case you forget your password.

6. Select three security questions that you will remember.
7. Enter your information
  1. Enter first name
  2. Enter last name
  3. Enter mailing address

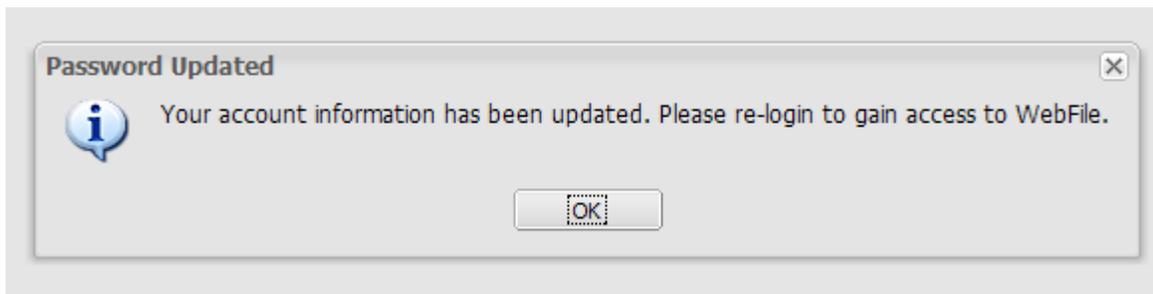


The address is validated against the US Postal Service database. A valid address is required to enroll in WebFile.

- Review the Terms and Conditions by clicking on the words “**Terms and Conditions**” at the bottom left hand corner. Enter a check in the box that displays to accept the Terms and Conditions.



- Click the  button to save your WebFile account information.



**Once your account information is saved you have completed WebFile enrollment.**



Once saved, you will be directed to the main page, where you will need to log back in using the new password that you selected.

**Note: you may wish to login to WebFile at least once every 90 days in order to avoid needing to have your password reset.**

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# FORGOTTEN PASSWORD AND RESET

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This section covers resetting a password. The directions differ based on your scenario. Scenario 1 is for a forgotten or expired password. Scenario 2 is for voluntarily resetting a password.

**Applicable Roles:** PEO User

**Prerequisite Actions:** User has been set up and has enrolled in *WebFile*.

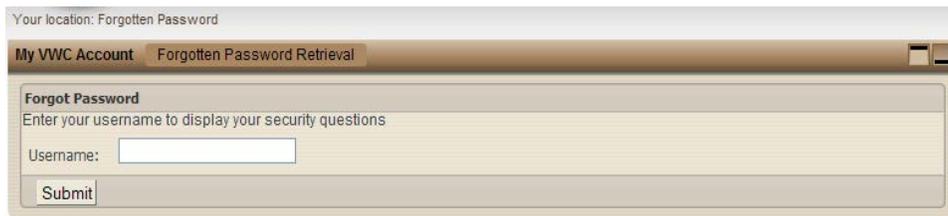
**Business Scenario 1:** User forgot their password or it has not been used in 90 days and password has expired.

When the log in screen displays, you have the option to request a new password yourself

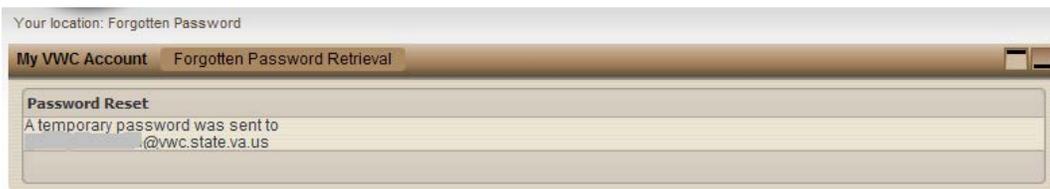
1. Click FORGOT PASSWORD



2. You will be asked to enter your Logon Username. Click SUBMIT



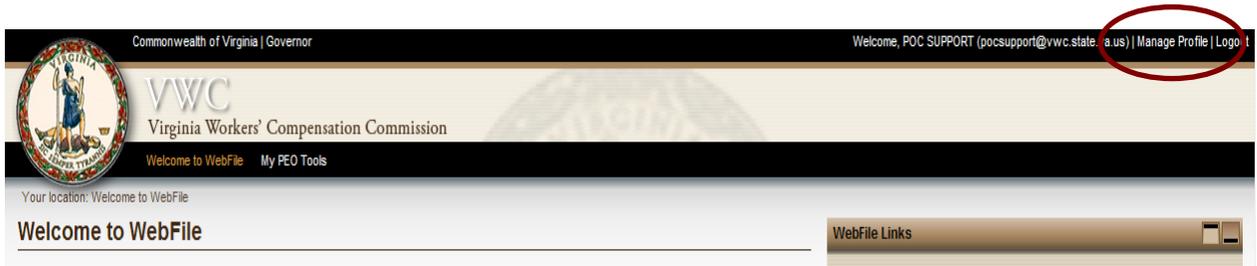
3. You will need to answer the security questions you completed when you first enrolled. If you cannot remember your answers, contact [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).
4. Once you have entered your answers. Click SUBMIT
5. A confirmation message will appear.



6. You will receive an e-mail with a temporary password.
7. When you login you will be required to re-enroll.

**Business Scenario 2:** User logs in with the current password and user wishes to reset it.

1. From the main *WebFile* menu, click on Manage Profile



2. Manage Account Profile screen will display

**My VWC Account Manage Account Profile**

First Name:

Middle Name:

Last Name:

Mailing Address

Address: Street:

City:

State:

Postal Code:

Country:

Check this box to accept [Terms and Conditions](#)

**My VWC Account Manage Account Password**

Password is case sensitive, must be at least 8 characters long, contain at least 1 number, 1 letter and 1 special character. Password will expire every 90 days and will not be re-usable for 12 months.

Current Password:

New Password:

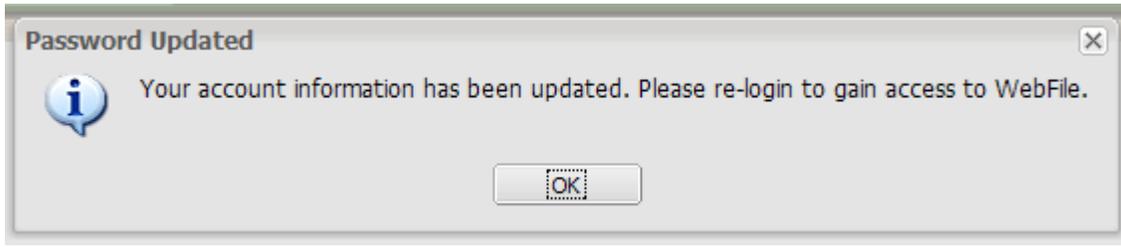
Confirm New Password:

3. Scroll down to the “Manage Account Password” section
4. Enter current password, then enter new password twice.



Make sure to create a password that is at least 8 characters in length, has at least one number, has at least one letter, has at least one special character, and has no spaces. The password is not re-usable for 12 months.

5. Click RESET. "Password Updated" will display and you will be asked to hit OK and login again to proceed.



6. Click OK to return to main *WebFile* page.
7. You will need to log back in with the new password you have created.

## How To Register a PEO

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This section explains how to complete a PEO Registration in *WebFile*. PEO Registration should be completed timely, within 30 days of initial access. All requested information must be provided and coverage compliance must be met in accordance with Virginia Code § 65.2-804 in order to complete registration and allow submission of the registration application to the Commission for review and potential approval.

**Applicable Roles:** PEO User

**Prerequisite Action:** A PEO User has properly enrolled in PEO *WebFile* with the Commission

**Business Scenario:** User wishes to register a PEO in Virginia

1. Login to *WebFile*.
2. User selects the PEO to register by clicking the Federal Employer Identifier Number (FEIN) link (PEOs who have registered multiple PEO FEINs with the Commission will see multiple rows).



The screenshot shows a web application window titled "PEO List". Below the title bar, there is a header "Assigned PEOs: Click on the FEIN of the PEO you would like to view". The main content is a table with three columns: "FEIN", "Employer Name", and "PEO Status". The first row has a red FEIN "000000255", the employer name "IC-GS-DT-NEW-0255-Employer Name Member", and the status "Pending". The second row has a red FEIN "000000027", the employer name "TEST 052709 Employer Name", and the status "Submitted for Approval". At the bottom of the table, there is a pagination control showing "Page 1 of 1" and "Displaying 1 - 2 of 2".

FEIN	Employer Name	PEO Status
000000255	IC-GS-DT-NEW-0255-Employer Name Member	Pending
000000027	TEST 052709 Employer Name	Submitted for Approval

3. User is required to read and acknowledge understanding of Statutory Employer Regulations.
4. User is required to acknowledge understanding of the need to maintain a valid E-mail address.

### *Complete registration application.*

**Note:** in order to complete registration it is necessary to enter and "Save" all required information in the PEO Summary section, then proceed to complete the "Contacts" and "Coverage" sections. Not until ALL required information is entered and validated will you see a "Submit" button. You must Save all information then select the **Submit** button in order to submit the registration for approval.

1. PEO Name (required field)

2. PEO legal status (required field)

3. Approximate number of direct PEO employees in Virginia (required field) enter a number

The screenshot shows a web form titled "PEO Summary". It contains the following fields and values:

- Name:** IC-GS-DT-NEW-0255-En
- FEIN:** 000000255
- PEO Status:** Pending
- Registration Date:** (empty field)
- PEO Company Information:**
  - Legal Status:** Individual (dropdown menu)
  - Approximate number of direct PEO employees in Virginia:** 1
  - Approximate number of client co-employees in Virginia:** 1

4. Approximate number of client co- employees in Virginia (required field) enter a number

**NOTE:** PEO is required to register coverage information when the sum total of its direct employees and co-employees is greater than two.

5. Parent Company – If the PEO has a Parent company, additional Parent company information and submission of the Parental Guarantee is required.

The Commission may require any business entity having a controlling ownership interest in or sharing common ownership with a PEO providing professional employer services in the Commonwealth to guarantee, in a form prescribed by the Commission, performance of all obligations pursuant to this title, including the payment of workers' compensation benefits.

A PEO with a Parent company is required to complete all of the following:

- Parent company name
- Parent company Federal Employer Identification Number (FEIN)
- Parent company street address line 1
- Parent company City
- Parent company State
- Parent company Postal code
- Country international addresses

6. Bureau of Insurance data:

- 1) Registered with BOI as a Multiple Employer Welfare Arrangement (MEWA)? (If the answer is yes then enter assigned number in required field)
- 2) Currently provides health benefits or health care services? (required field)
- 3) Plans to offer health benefits or health care services? (required field)

Questions about this data should be directed to the Bureau of Insurance.  
The Primary Number for Bureau of Insurance Consumer Inquiries is: (804) 371 9741

***Enter PEO Primary Contact Information.***

7. Mailing Address for the PEO

- Name of Primary WebFile User (required field)
- Street address (required field)
- City (required field)
- State (required field)
- Postal Code (required field)
- Country (required field)
- Work phone of Primary WebFile User (required field)
- Email of Primary WebFile User (required field)

**Note:** If the mailing address is the same as the physical address, you may select Copy Address & Contacts to Physical Address

Active Clients | PEO Contacts | PEO Coverage | Terminated Clients | Annual Report

**Edit Address/Contacts:** Fill out address/contact information and click Submit

**Mailing Address**

Name i  Copy Address & Contacts to Physical Address

Street Address 1 i Street Address 2

City i State i Please select...

Postal Code i Country i United States

Phone Number: i Email Address: i

Cancel Save

8. Physical address for the PEO

- Name of Primary WebFile User (required field)
- Street address (required field)
- City (required field)
- State (required field)
- Postal Code (required field)
- Country (required field)

- Work phone of Primary WebFile User (required field)
- E-mail of Primary WebFile User (required field)

**Note:** If the physical address is the same as the mailing address, you may select Copy Address & Contacts to Mailing Address

9. Designated Representative Information –

A PEO is required to designate a representative with a Virginia address in accordance with Virginia regulations. The designated representative (DR) shall be authorized to receive service of process and communications from the Commission. If the PEO already has a Registered Agent, the PEO may enter their Registered Agent information in the Designated Representative section. For the Designated Representative, provide the following information:

- Name (required field)
- Street address (required field)
- City (required field)
- State (required field)
- Postal Code (required field)
- Country (required field)
- Work phone of Designated Representative
- E-mail of Designated Representative

10. Annual Assessment Point-of-Contact

This contact field is completed under the Annual Report tab but displays under the Contacts tab

- Name (required field)
- Street address (required field)
- City (required field)
- State (required field)
- Postal Code (required field)
- Country (required field)
- E-mail of Annual Assessment contact (required field)
- Work phone of Annual Assessment contact (required field)

**Valid Coverage** The insurance coverage must be active and filed with NCCI by the insurance carrier in order to verify in WebFile.

### Insurance Coverage

Select the PEO Coverage tab and enter the proper Virginia voluntary market workers' compensation insurance policy information.



**Note:** *If a PEO user enters insurance coverage information but it does not verify, it may not be proper Virginia coverage, or it may not be proper PEO coverage, or the policy may not contain all of the required and accurate information. Review the scenarios below for additional coverage information.*

- Virginia requires Virginia coverage with a Virginia licensed insurance carrier for work performed in Virginia. For a PEO with a policy based out of state, adding Virginia coverage can often be accomplished through the addition of a Virginia Amendatory Endorsement to the policy which adds Virginia to item 3A of the policy which is for known exposure. The endorsement can be added as long as the carrier is licensed in Virginia. If a PEO is based out of state and their policy is with a carrier that is not licensed in Virginia, then in order to obtain proper Virginia coverage a separate policy with a Virginia licensed carrier is required.
- The proper PEO coverage must be obtained and filed by the carrier with the National Council on Compensation Insurance (NCCI). A PEO may secure and provide all required voluntary market workers' compensation insurance for its coemployees under a master policy in the name of the PEO. The PEO must be listed on the policy and the PEO's Federal Employer Identification Number (FEIN) must be listed on the policy and must match with the PEO's legal name and PEO FEIN provided in WebFile.
- The proper endorsement must be on the policy. WC 45-03-01 provides coverage for coemployees of specified clients and must also provide coverage for any non-leased employees of the PEO.
- The PEO must be listed as an insured on the policy and the PEO's Federal Employer Identification Number (FEIN) registered in WebFile must be listed as their FEIN on the insurance policy.

**Validation.** All fields will be validated. If a field cannot be validated it is likely incomplete or missing information. Check the information where you are prompted.

**Once all registration information is completed, saved and validated the “Submit” button will display. The registration application must be Submitted in order for the Commission to receive it. Registration is not approved until it is reviewed by the Commission and information verified. Once approved, the PEO status will change to “Approved”. A PEO is not allowed to provide PEO services to a client company until it is Registered with the Commission.**

**Save Information.** You will be allowed to save information entered and complete the application at a later date. It is important to remember to click “Save” to ensure that all information entered is not lost. Please note that saving information does not mean the registration is submitted for approval.

- **You will only see the Submit button once all registration information is completed, validated and saved.**

**Submit application.** When all required fields are completed and pass validation, the option to **Submit** the registration application will be provided. Until then, if you save information you have entered, the application information will be saved for 60 days from the initial save date.

Click the  button

**Reminders and Application Deletion.** PEO users will be sent reminders at day 15 of application and day 25 of application if the application has not been submitted, asking them to complete the PEO registration application. An application should be submitted within 30 days of initial access. An application that is not submitted within 60 days of the initial save date will be deleted at 61 days.

**Application Review and Approval.** Once the application is submitted, someone from the Commission will review it. Once it is approved, the PEO status will change from “Submitted” to “Registered.” The PEO will also be sent a Registration Certificate. Once the PEO is Registered a PEO user will be permitted access to enter client information.

## Manage PEO Details

This section provides information on managing PEO details in WebFile.

**Applicable Roles:** PEO User

**Prerequisite Actions:** User is enrolled in WebFile and PEO is properly Registered with the Commission

**Business Scenario:** PEO user wishes to make a change in PEO information in WebFile

1. Navigate to appropriate PEO.
2. The PEO Summary is displayed.

PEO Summary

PEO Summary

Name: TEST EMPLOYER PEO JBS      FEIN: 200906116      PEO Status: Registered

PEO Status Date: 03/26/2014

Registration Date:

▼ PEO Company Information

Approximate number of direct PEO employees in Virginia: 100      Legal Status: Joint Venture

Approximate number of client co-employees in Virginia: 100

▼ PEO Parent Company Overview

Parental guarantee required [form to download](#)

Name: TEST      1000 DMV DR  
FEIN: 000000089      RICHMOND, VA 23220-2036  
United States

▼ PEO Bureau of Insurance Data

- Registered with the State Corporation Commission Bureau of Insurance as a Multiple Employer Welfare Arrangement (MEWA).
  - Assigned Company Number: 12345
- Currently provides health benefits or health care services
- Plans to offer health benefits or health care services in the future

**Edit**

3. Click  and make the desired changes to PEO details.

**PEO Summary**

Name:  FEIN: 011387415 PEO Status: Registered

Registration Date: 02/28/2013

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**PEO Company Information**

Legal Status:  Approximate number of direct PEO employees in Virginia:

Approximate number of client co-employees in Virginia:

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**PEO Parent Company Overview**

PEO operates under a parent company:

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**PEO Bureau of Insurance Data**

Registered with the State Corporation Commission Bureau of Insurance as a Multiple Employer Welfare Arrangement (MEWA):

Assigned Company Number:

Currently provides health benefits or health care services:

Plans to offer health benefits or health care services in the future:

Save current data before proceeding. All required fields and contact information must be completed before registration can be submitted.

4. Click  to complete the change of PEO details.

## Adding a Parent Company

5. Under “PEO Operates under a parent company,” select Yes from drop down menu. Complete all required fields.

PEO Summary

PEO Summary

Name:  FEIN: 00000027 PEO Status: Submitted for Approval

Registration Date:

PEO Company Information

PEO Parent Company Overview

PEO operates under a parent company:

Parental guarantee required [form to download](#)

Name:  FEIN:

Street Address 1:  Street Address 2:

City:  State:

Postal Code:  Country:

6. Make the appropriate updates and click  .



*Please note that the the Parental Guarantee form must be downloaded, completed, and submitted to the Commission if this PEO operates under a parent company.*

# Manage Contacts

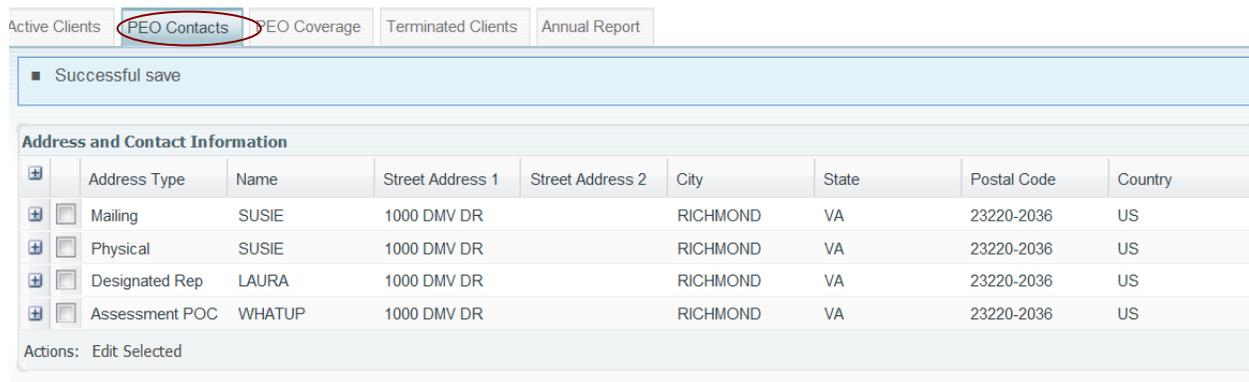
This section covers the functionality available for managing PEO contact details in WebFile.

**Applicable Roles:** PEO User

**Prerequisite Actions:** A PEO has active contacts.

## Business Scenario:

1. Navigate to the appropriate PEO.
2. Select the PEO Contacts tab.



Active Clients **PEO Contacts** PEO Coverage Terminated Clients Annual Report

■ Successful save

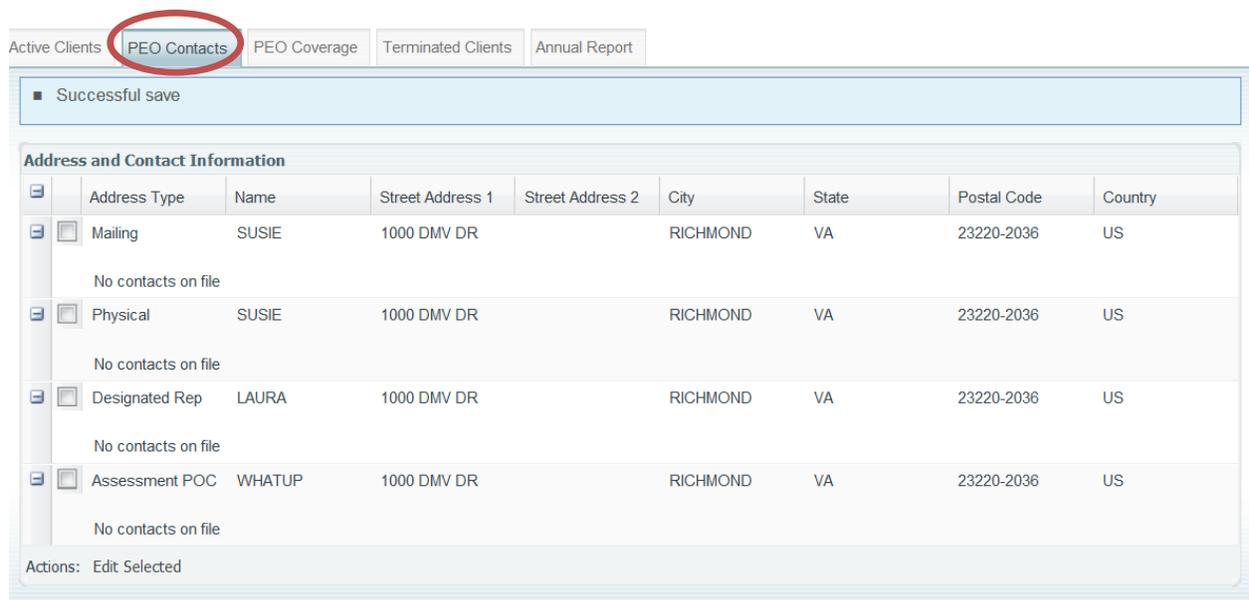
**Address and Contact Information**

	Address Type	Name	Street Address 1	Street Address 2	City	State	Postal Code	Country
<input type="checkbox"/>	Mailing	SUSIE	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/>	Physical	SUSIE	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/>	Designated Rep	LAURA	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/>	Assessment POC	WHATUP	1000 DMV DR		RICHMOND	VA	23220-2036	US

Actions: Edit Selected

## Editing Addresses / Adding a Contact

3. Expand the desired Contact type by selecting  to the left of the desired contact type to review all details.



Active Clients **PEO Contacts** PEO Coverage Terminated Clients Annual Report

■ Successful save

**Address and Contact Information**

	Address Type	Name	Street Address 1	Street Address 2	City	State	Postal Code	Country
<input checked="" type="checkbox"/>	Mailing	SUSIE	1000 DMV DR		RICHMOND	VA	23220-2036	US
	No contacts on file							
<input type="checkbox"/>	Physical	SUSIE	1000 DMV DR		RICHMOND	VA	23220-2036	US
	No contacts on file							
<input type="checkbox"/>	Designated Rep	LAURA	1000 DMV DR		RICHMOND	VA	23220-2036	US
	No contacts on file							
<input type="checkbox"/>	Assessment POC	WHATUP	1000 DMV DR		RICHMOND	VA	23220-2036	US
	No contacts on file							

Actions: Edit Selected

4. Click the checkbox next to the Address Type to update or modify that contact and click “Edit Selected.”
5. Make the appropriate changes to the existing record. Then select Save.

Active Clients | **PEO Contacts** | PEO Coverage | Terminated Clients | Annual Report

**Edit Address/Contacts:** Fill out address/contact information and click Submit

**Mailing Address**

Copy Address & Contacts to Physical Address

**Name** ⓘ

M

**Street Address 1** ⓘ      **Street Address 2**

1000 DMV DR     

**City** ⓘ      **State** ⓘ

RICHMOND      Virginia

**Postal Code** ⓘ      **Country** ⓘ

23220-2036      United States

**Phone Number:** ⓘ      **Email Address:** ⓘ

Cancel      Save

## Manage Coverage Information

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**This section covers the functionality available for managing PEO workers' compensation coverage in WebFile.**

**It is essential that PEOs understand Virginia workers' compensation coverage requirements in order to properly manage coverage for the PEO and for their Clients:**

Virginia law requires that an employer who regularly employs more than two part-time or full-time employees carry workers' compensation. A business that subcontracts work that is part of his trade, business or occupation, or fulfills a contract of his business shall be liable to any subcontractor's employee for workers' compensation in the same manner as any worker immediately employed by him and must count subcontractor's employees when counting employees to determine if coverage is required.

Virginia requires Virginia coverage for work performed in Virginia. A PEO with a policy based outside of Virginia will need to ensure that they obtain the proper Virginia 3A endorsement on the policy which covers known exposure in Virginia

An employer that fails to insure when required by law is subject to a civil penalty of up to \$250 per day uninsured, subject to a maximum penalty of \$50,000.00 plus costs, pursuant to Virginia Code § 65.2-805.

- **A PEO is considered an employer of its coemployees, thus it must count both its own Virginia employees and its Virginia coemployees performing work in Virginia when counting employees. If it totals more than "two" then Virginia workers' compensation coverage is required.**
- **For Clients, PEOs are asked to know their Clients, the nature of their business and whether they hire subcontractors to assist in the work of the Client's business. If so the PEO should be requesting the Client obtain separate coverage for their Statutory Employer liability.**

➤ **Business Scenario:** PEO user wishes to enter Coverage information in WebFile

**Applicable Roles:** PEO User

**Prerequisite Actions:** A PEO has active Virginia workers' compensation insurance coverage.

Navigate to the appropriate PEO.

## Managing PEO Coverage

1. Select the “PEO Coverage” tab.



Please note that only policies that already exist in the Commission’s systems (obtained from NCCI Daily Proof of Coverage product) may be associated with a PEO.

2. Select “Add Coverage” to add coverage to a PEO.



3. Enter the required policy data. It is helpful to have a copy of the Binder, Information Page or Declaration Page of the policy available in order to have the required policy information to enter. A Certificate of Insurance does not provide sufficient information to complete this section. It is important to use care in entering policy information as incorrect data will not validate.

**Note:** *Some insurance carriers have similar names, be sure to enter the precise name of the carrier.*



The Insurance Company field uses a real-time search function which returns results after you have typed at least 3 characters. NCCI Code searches must match exactly to return positive results – this code may be found on the Declaration/Information page received from the Carrier.

4. If you select the coverage as “A master policy covering clients currently working in Virginia” the dropdown box to the right of the screen will appear. If you wish to associate this Master Policy to multiple clients, select “Yes” and a dropdown of active clients will appear. This tool is useful at renewal as you can update clients covered by the master policy at one time.

Active Clients | PEO Contacts | **PEO Coverage** | Terminated Clients | Annual Report

**Coverage:** Populate coverage form and click submit

**Virginia Coverage**

A master policy covering clients currently working in Virginia

Effective Date MM/DD/YYYY ⓘ

Do you wish to associate this Master Policy to multiple clients:

**Coverage Matching Criteria**

Insurance Company (DO NOT SELECT CARRIER # BEGINNING WITH "VW" OR LESS THAN 5 DIGITS) ⓘ

Policy Number (PLEASE DO NOT INCLUDE ANY DASHES OR SPACES) ⓘ

Policy Term Start(Inception) MM/DD/YYYY ⓘ

Policy Term End(Expiration) MM/DD/YYYY ⓘ

## Managing Client Coverage



Managing Coverage functionality for the Client is similar to what it is for the PEO. Please refer to [Managing Coverage](#) for review.

1. Navigate to the Active Clients tab. Select a client by clicking on their FEIN.
2. Under the Client Coverage Tab select Add Coverage



3. You will be asked if the coverage is on a Master policy or not. If the answer is yes, a drop down will display showing the Master policy coverage that has been entered for the PEO. Select the correct policy.

Client Contacts | Client Coverage | Client Contract

Coverage: If coverage is on a PEO master policy, select the master policy number and click submit. Otherwise, populate coverage form and click submit.

Is this coverage on one of the PEO's Master Policies?

Yes ▾

Master Policy ⓘ

Please select... ▾

Cancel Save

4. If the coverage is on a Master policy but no coverage displays it is possible that this coverage has not been entered for the PEO.

5. If the coverage for the client is for an individual policy (client is not on the Master policy) then select **No** and the Coverage screen will display. Once the screen displays you must enter the policy information requested in each required field. Use care in entering all policy information. Incorrect information will not validate.

Client Contacts Client Coverage Client Contract

Coverage: If coverage is on a PEO master policy, select the master policy number and click submit. Otherwise, populate coverage form and click submit.

Is this coverage on one of the PEO's Master Policies?

No

Virginia Coverage

Effective Date MM/DD/YYYY

Coverage Matching Criteria

Insurance Company (DO NOT SELECT CARRIER # BEGINNING WITH "VW" OR LESS THAN 5 DIGITS)

Begin Typing Provider Name...

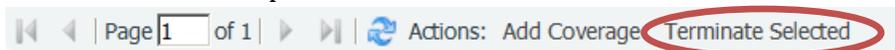
Policy Number (PLEASE DO NOT INCLUDE ANY DASHES OR SPACES)

Policy Term Start(Inception) MM/DD/YYYY

Policy Term End(Expiration) MM/DD/YYYY

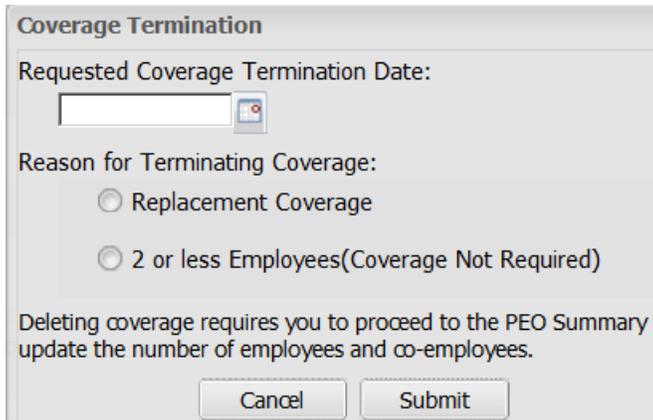
Cancel Save

Once you have added coverage, you will have an option to terminate coverage with a PEO or client, if necessary. To terminate both a client and coverage, go to the Client Contract tab and select Terminate Client Relationship.



## Terminating Coverage

1. Navigate to the Coverage tab of the PEO or the Client. Select the coverage to be terminated by checking the box to the left of the FEIN and selecting Terminate Selected.
2. You will be prompted to enter a termination date and reason for terminating coverage.



The screenshot shows a dialog box titled "Coverage Termination". It contains the following elements:

- A label "Requested Coverage Termination Date:" followed by a text input field and a calendar icon.
- A label "Reason for Terminating Coverage:" followed by two radio button options:
  - Replacement Coverage
  - 2 or less Employees(Coverage Not Required)
- A note: "Deleting coverage requires you to proceed to the PEO Summary and update the number of employees and co-employees."
- Two buttons at the bottom: "Cancel" and "Submit".

3. While under the Client Contract tab, if it indicates three or more direct employees, replacement coverage is required. You may edit the number of employees to obtain the option 2 or less employees (coverage not required) if appropriate.
4. The Commission requires all voluntary coverage to also be registered in WebFile.

## Registering and Managing Clients

This section covers the functionality available for registering and managing PEO clients in WebFile

**Note:** Pursuant to statute, a PEO must provide the Commission notice of all new clients and notice of all client terminations within 30 days by completing client registration and termination information in WebFile.

**Failure to provide the Commission timely notice of a new Client or a Client termination shall subject a PEO to a monetary penalty.**

**Applicable Roles:** PEO User

**Prerequisite Actions:** PEO has one or more existing clients.

**Business Scenario:** PEO user wishes to add a Client in WebFile

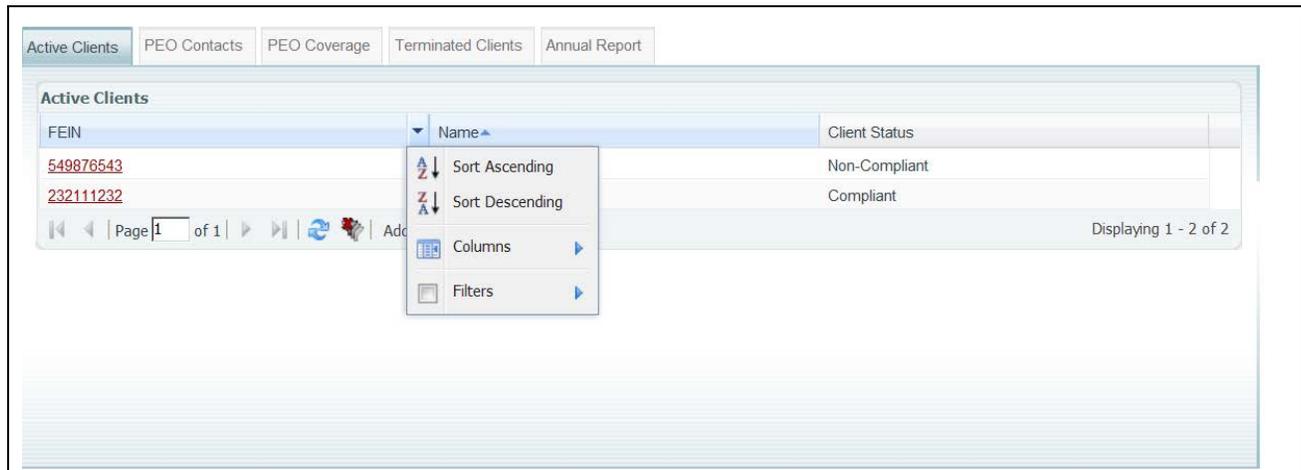
5. Navigate to the appropriate PEO.
6. Select the “Active Clients” tab.

FEIN	Name	Client Status
549876543	JR TEST	Non-Compliant
232111232	JR TEST TWO	Compliant

7. You have two options:
  - a. **Add** a client
  - b. **Edit** an existing client by clicking of the client FEIN and appropriate tab.



Navigating a long Client list can be made easier by using the Filter feature. This function is enabled on each column; filtered results will return as soon as the first character is entered in the search field.



## **Adding a Client**



8. Select
9. Enter the Name and FEIN of the client. Save will appear if the FEIN is entered correctly. All information entered will not be saved unless you hit "Save."

When entering a FEIN, enter 9 digits only, no dashes.

10. You will note that if you enter a Federal Employer Identification Number (FEIN) of a client that is already active, you will not be allowed to enter it again. This is to prevent re-entering the same client twice and creating a duplicate entry.
11. When entering client's address information it is necessary to enter **the client's own address** information and not the PEO's address.

12. If there are information fields that you have not completed a matrix will display listing the required fields with missing information.

The screenshot shows a 'Client Summary' window with two error messages. The first message is in a red box and states: 'This client registration is incomplete and will be saved for a maximum of 45 days (from initial saved date). This client is not considered registered until the data passes validation and is "Submitted". By statute §65.2-803.1, you are required to notify the Commission of all new clients within 30 days of signing your contract or there is Virginia exposure.' The second message is in a blue box and states: 'PEO Client registration cannot be submitted until the following errors are corrected: -Missing Contact: Mailing, -Missing Contact: Physical, -Missing Coverage Information, -Missing Contract Information'.

13. Once you have completed entering all client information, it is validated and saved, the Submit button will display. You must **Submit** the client registration in order to complete the registration.

The screenshot shows the 'Client Summary' window with the following information: Name: JENNY JELLY INC, FEIN: 546867415, Client Status: Pending, Legal Status: Corporation, Less than 3 employees, Submission Date: (blank), Date of VA Exposure: 06/26/2013, Contract Date: 06/01/2013. The 'Submit' button is circled in red.

14. Client Status changes to Submitted for Approval

The screenshot shows the 'Client Summary' window with the same information as the previous screenshot, but the 'Client Status' is now 'Submitted for Approval', which is circled in red. The 'Submit' button is no longer visible.

### **Incomplete Client Registrations**

15. A portlet displays in WebFile titled "**Incomplete In Progress Client Registrations.**" A PEO will be allowed to enter and save up to 10 (ten) incomplete client registrations for a period of up to 45 days. The portlet will display each client that is not fully registered and the number of days allowed to complete registration.
- A PEO will not be allowed to enter further clients until an incomplete registration is completed and submitted or an existing incomplete client registration is deleted
  - An incomplete client registration that ages to 45 days will be deleted and all data removed

PEO Summary

PEO Summary

Name: JOHNSON DAVE      FEIN: 024343977      PEO Status: Registered

Less than 3 employees      Registration Date: 06/04/2013

PEO Company Information

PEO Bureau of Insurance Data

Edit

Incomplete In-Progress Client Registrations

FEIN	Name	Client Registration Start Date	Age of Incomplete Registration	Days Until Deletion
No Incomplete Client Registrations				

Action: Delete Incomplete Registration

### **Terminating a Client Relationship**

16. Navigate to the Active Clients tab. Select client by clicking its FEIN.
17. Navigate to the Contract tab and select Action: Terminate Client Relationship.

Client Contacts   Client Coverage   **Client Contract**

Successful save

**Contract Information:** Click Edit to edit contract information

- Date of Virginia Exposure: 07/01/2014
- Number of direct employees in Virginia : 2
- 100% of this client's employees are leased from this PEO
- This client company hires sub-contractors
- A written contract exists between the PEO and the Client.
- Contract Date: 07/01/2014
- Expiration Date:
- PEO shall provide information concerning the filing for workers' compensation and unemployment benefits given to each employee.
- PEO shall provide a written summary of rights and obligations to each employee
- PEO shall notify, in writing, client and co-employees of intent to terminate PEO agreement on or before termination and advise client of obligation to obtain workers' compensation coverage.
- PEO agrees to terminate client in WebFile within 30 days of termination of client agreement.

Edit   **Action: Terminate Client Relationship**

18. You will be prompted to identify if the client is insured under the master policy. Additional questions are required depending upon the answer.

Client on Master Policy: ⓘ  
 Yes ▾

Master Policy Requested Coverage End Date ⓘ

Date Client Agreement Terminates ⓘ

Reason for Termination: ⓘ  
 Please select a Reason for Termination ▾

Confirm client has been advised of obligation to secure workers's compensation coverage pursuant to Section 65.2-803.1 E and Regulation 16 VAC 30-100-40 C3

Client on Master Policy: ⓘ  
 No ▾

Date Client Agreement Terminates ⓘ

Reason for Termination: ⓘ  
 Please select a Reason for Termination ▾

Terminate Client

19. Enter the required information and the **Terminate Client** button will appear.

**Editing a Client**

20. Select the Client to edit by clicking their FEIN

Active Clients | PEO Contacts | PEO Coverage | Terminated Clients | Annual Report

FEIN	Name	Client Status
549876543	JR TEST	Non-Compliant
232111232	JR TEST TWO	Compliant

Page 1 of 1 | Add Client | Displaying 1 - 2 of 2

## 21. Select Edit

The screenshot shows a window titled "Client Summary" with a sub-header "Client Summary". The data displayed is as follows:

<b>Name:</b> JR TEST	<b>FEIN:</b> 549876543	<b>Client Status:</b> Non-Compliant
<b>Legal Status:</b> Individual		
<b>Submission Date:</b> 01/27/2014	<b>Date of VA Exposure:</b> 03/01/2013	<b>Contract Date:</b> 01/28/2014

An "Edit" button is located at the bottom left of the window and is circled in red.

## 22. The Client Summary screen is presented

The screenshot shows the "Client Summary" screen in edit mode. The breadcrumb trail at the top reads: "Your location: My PEO Tools » PEO Summary » Client Summary".

The "Client Summary" section contains the following fields:

- Name:** JR TEST (with an information icon)
- FEIN:** 549876543
- Client Status:** Non-Compliant
- Legal Status:** Individual (with an information icon and a dropdown arrow)

Below the fields, a warning message states: "Save current data before proceeding. All required fields, contact and contract information must be completed before registration can be submitted." Below this message are "Cancel" and "Save" buttons.

Below the Client Summary section, there are three tabs: "Client Contacts", "Client Coverage", and "Client Contract". The "Client Contacts" tab is active, showing a table titled "Address and Contact Information".

	Address Type	Name	Street Address 1	Street Address 2	City	State	Postal Code	Country
<input type="checkbox"/>	Physical							
<input type="checkbox"/>	Mailing							
<input type="checkbox"/>	Virginia Contact   ...							

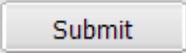
At the bottom of the Client Contacts section, there is an "Actions: Edit Selected" button.

## 23. An active client will be listed with one of three statuses as follows:

- Submitted for Approval** – client registration has been submitted for review
- Compliant** – client has met compliance requirements, as determined by the Commission
- Non-Compliant** – client is noncompliant

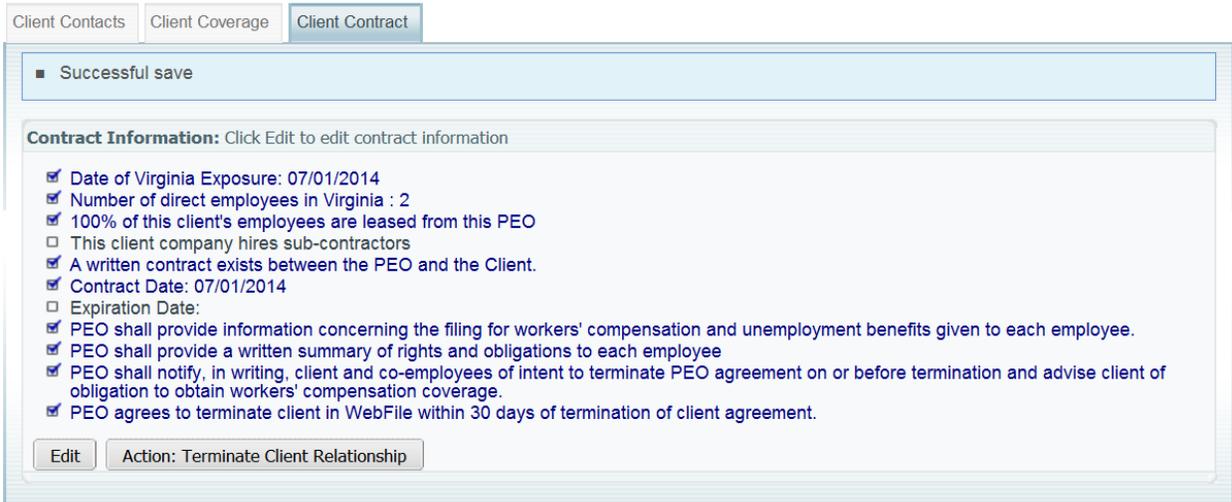
24. You can also Maintain the Client's Contacts, Coverage and Contract information.

 Managing Contacts functionality for the Client is nearly the same as it is for the PEO. Please refer to [Managing Contacts](#) for further details. The only differences for the client is that the listings of Designated Representative and Annual Assessment Point of Contact are not needed for the client.

25. When complete select  to finalize changes.

### **Managing Contract Data**

26. Under the Contract tab the status of individual statutory contractual requirements are displayed. Items that are true are noted with a check mark.



Client Contacts Client Coverage Client Contract

■ Successful save

**Contract Information:** Click Edit to edit contract information

- Date of Virginia Exposure: 07/01/2014
- Number of direct employees in Virginia : 2
- 100% of this client's employees are leased from this PEO
- This client company hires sub-contractors
- A written contract exists between the PEO and the Client.
- Contract Date: 07/01/2014
- Expiration Date:
- PEO shall provide information concerning the filing for workers' compensation and unemployment benefits given to each employee.
- PEO shall provide a written summary of rights and obligations to each employee
- PEO shall notify, in writing, client and co-employees of intent to terminate PEO agreement on or before termination and advise client of obligation to obtain workers' compensation coverage.
- PEO agrees to terminate client in WebFile within 30 days of termination of client agreement.

Edit Action: Terminate Client Relationship

27. To edit the status of the Contract items select 

Client Contacts Client Coverage **Client Contract**

**Contract Information:** Fill out contract information form and click Submit

Date of Virginia Exposure: ⓘ  
07/01/2014 ⓘ

Number of direct employees in Virginia: ⓘ  
2

Are 100% of this client's employees leased from the PEO?: ⓘ  
Yes

Does this client company hire sub-contractors with employees to assist in the work of the business?: ⓘ  
No

A written contract exists between the PEO and the Client. ⓘ  
 Confirmed (Required by Statute)

Contract Date ⓘ  
07/01/2014 ⓘ

Expiration Date  
ⓘ

PEO shall provide a written summary of rights and obligations to each coemployee. ⓘ  
 Confirmed (Required by Statute)

PEO shall notify, in writing, client and co-employees of intent to terminate PEO agreement on or before termination and advise client of obligation to obtain workers' compensation coverage. ⓘ  
 Confirmed (Required by Statute)

PEO agrees to terminate client in WebFile within 30 days of termination of client agreement. ⓘ  
 Confirmed (Required by Statute)

PEO shall provide information concerning the filing for workers' compensation and unemployment benefits given to each employee. ⓘ  
 Confirmed (Required by Statute)

Cancel Save

28. Update the appropriate fields and select  when complete.

## Manage Annual Report Filing Data

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**This section covers the functionality available for submitting the annual report data through WebFile.**



Professional Employer Organizations (PEO) are required, pursuant to Section 65.2-803.1 of the Virginia Workers' Compensation Act, to file by January 31<sup>st</sup> an electronic annual report for the period ending December 31<sup>st</sup> of the prior year. The administrative, insurance information and payroll should be updated for each client company to reflect current state. For more information, please refer to VA Code § 65.2-803.1 and the Commission's regulations 16 VAC 30-100-10/80, available on our website at [www.vwc.state.va.us](http://www.vwc.state.va.us)

**Annual Reporting must be completed between January 1 and January 31 each year.  
Annual Reporting includes payroll reporting for the PEO for the previous 12-month period.**

- Be certain to fill out and submit annual reporting during the January reporting period. Editing the annual report information prior to the reporting period will not result in a report being submitted.
- It is recommended that annual reporting be commenced early in the January reporting period to ensure that it is completed timely.
- "Payroll" is defined as gross amounts paid by a PEO to its client company co-employees as compensation in Virginia for the time period indicated ( ). "Gross amounts" includes all items of compensation in the NCCI definition of remuneration.
- A PEO that had no payroll is still required to Annually Report and to report payroll as \$0.
- A PEO's annual assessment is calculated based upon the PEO's aggregate annual payroll, thus accurate payroll reporting is required.
- Enter all Annual Report information with care and review it before submitting. Once your Annual Report is submitted a PEO user cannot modify the reported data without first contacting the Commission for assistance.
- Annual reporting is not complete until the PEO user checks all boxes certifying all information is complete and submits the Annual Report. Do not simply edit the information, you must enter all required information, save it, and submit it.
- Once an Annual Report is submitted a confirmation e-mail will be sent to the PEO User confirming receipt of the Annual Report and listing the payroll report for the reporting period.

**Applicable Roles:** PEO User

**Prerequisite Actions:** None

**Business Scenario:** PEO User is required to file its Annual Report in WebFile

1. Navigate to appropriate PEO.
2. Select the Annual Report Tab.



3. Check the year in which you wish to file and select the action to Complete Annual Report.



4. Complete/Edit the Annual Assessment Point of Contact information and the required data. Certify active clients reflect their current state.

Active Clients | PEO Contacts | PEO Coverage | Terminated Clients | **Annual Report**

**Annual Report Details:** Fill out annual report form and click Submit

**Annual Assessment should be mailed to the following:**

Attention:

Street Address 1:  Street Address 2:

City:  State:

Postal Code:  Country:

Number of client co-employees in Virginia represented in this payroll report:

Approximate number of PEO direct employees in Virginia for new year:

Approximate number of client co-employees in Virginia for new year:

Final Virginia payroll reported for period ending 12/31/2013:

PEO certifies the following:

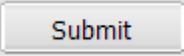
PEO's designated representative information is current.

PEO and its co-employees are in compliance with Virginia Workers' Compensation Insurance Requirements.

PEO and its clients mailing and physical addresses are current.

PEO has updated each client contract tab to reflect the current status of each client company.

I hereby certify that the information in this report is true and correct to the best of my knowledge.

5. Check the Confirmation box to activate the  button.

I hereby certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge.

***Failure to submit an Annual Report by the January 31st deadline may subject a PEO to a monetary penalty.***

To Amend a filed annual report, please contact the Insurance Department PEO Specialist.

For questions concerning annual reporting, please contact the Insurance Department of the Commission by phone at (804) 205-3586 or by email at [VAPEO@workcomp.virginia.gov](mailto:VAPEO@workcomp.virginia.gov).

## Navigating WebFile Using Quick Links

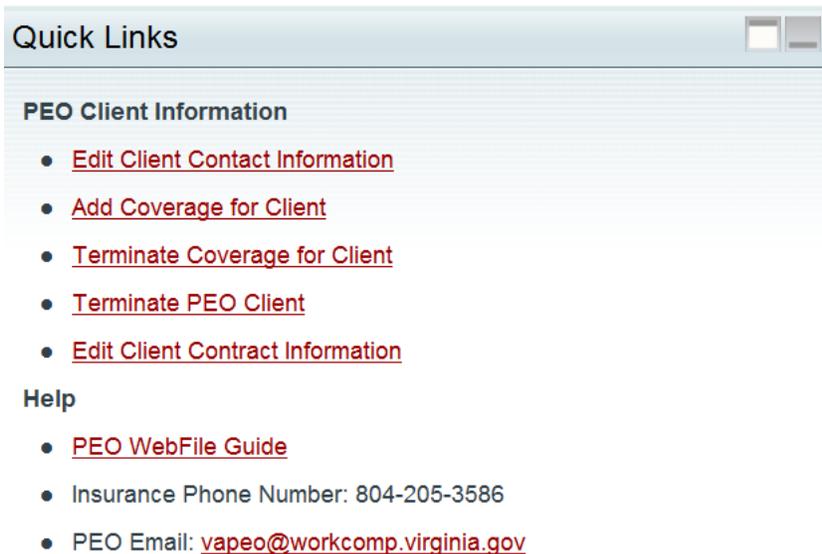
---

Quick Links allows a user to navigate through WebFile by going directly to the portlet or screen desired to perform your work. The Quick Links that are available to you depend on whether you are currently navigating from the PEO Summary screen or the Client Summary screen.

From the PEO Summary screen, Quick Links allow you to add or edit information pertaining to the PEO as follows:



From the Client Summary screen, Quick Links allow you to add or edit information pertaining to the Client as follows:



The Help Quick Links are available at all times.

#### Help

- [PEO WebFile Guide](#)
- Insurance Phone Number: 804-205-3586
- PEO Email: [vapeo@workcomp.virginia.gov](mailto:vapeo@workcomp.virginia.gov)

## Quick Links

---

This section provides a screenshot of where each Quick Link will open when selected.

### \*Complete Registration as a PEO

PEO Summary		
Name 	FEIN: 000000255	PEO Status: Pending
<input type="text" value="IC-GS-DT-NEW-0255-En"/>		
		Registration Date:

PEO Company Information	
Legal Status: 	Approximate number of direct PEO employees in Virginia: 
<input type="text" value="Individual"/>	<input type="text" value="1"/>
Approximate number of client co-employees in Virginia: 	
<input type="text" value="1"/>	

PEO Parent Company Overview
PEO operates under a parent company: 
<input type="text" value="No"/>

PEO Bureau of Insurance Data	
Registered with the State Corporation Commission Bureau of Insurance as a Multiple Employer Welfare Arrangement (MEWA): 	Currently provides health benefits or health care services: 
<input type="text" value="No"/>	<input type="text" value="Yes"/>
	Plans to offer health benefits or health care services in the future: 
	<input type="text" value="Yes"/>

## \*Update PEO Contact Information

**PEO Summary**

**PEO Summary**

Name: WILWILRYKTXEdited      FEIN: 011387415      PEO Status: Registered

PEO Status Date: 03/01/2013

Registration Date: 02/28/2013

**PEO Company Information**

Approximate number of direct PEO employees in Virginia: 0      Legal Status: Partnership

Approximate number of client co-employees in Virginia: 300

**PEO Bureau of Insurance Data**

Registered with the State Corporation Commission Bureau of Insurance as a Multiple Employer Welfare Arrangement (MEWA).

Assigned Company Number: 12345

Currently provides health benefits or health care services

Plans to offer health benefits or health care services in the future

**Incomplete In-Progress Client Registrations**

FEIN	Name	Client Registration Start Date	Age of Incomplete Registration	Days Until Deletion
<input type="checkbox"/> 101010101	TIM MCGRAW	03/01/2013	465	-420

Action: Delete Incomplete Registration

Active Clients   **PEO Contacts**   PEO Coverage   Terminated Clients   Annual Report

**Address and Contact Information**

Address Type	Name	Street Address 1	Street Address 2	City	State	Postal Code	Country
<input type="checkbox"/> Mailing	GUY BUDD	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/> Physical	CHRIS BUDD	13890 WEST RIVER RD		KING WILLIAM	VA	23086-3205	US
<input type="checkbox"/> Designated Rep	LAURA COLLINS	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/> Physical	GUY BUDD	1000 DMV DR		RICHMOND	VA	23220-2036	US
<input type="checkbox"/> Mailing	CHRIS BUDDY	13890 WEST RIVER RD		KING WILLIAM	VA	23086-3205	US
<input type="checkbox"/> Assessment POC	SUE TEST	PO BOX 65		AYLETT	VA	23009-0085	US

Actions: Edit Selected

## \*Add Coverage for PEO and Add Coverage for Multiple PEO Clients

Active Clients   PEO Contacts   **PEO Coverage**   Terminated Clients   Annual Report

Coverage: Populate coverage form and click submit

**Virginia Coverage**

A master policy covering clients currently working in Virginia

Effective Date MM/DD/YYYY ?

Do you wish to associate this Master Policy to multiple clients:

**Coverage Matching Criteria**

Insurance Company (DO NOT SELECT CARRIER # BEGINNING WITH "VW" OR LESS THAN 5 DIGITS) ?

Policy Number (PLEASE DO NOT INCLUDE ANY DASHES OR SPACES) ?

Policy Term Start(Inception) MM/DD/YYYY ?

Policy Term End(Expiration) MM/DD/YYYY ?

**\*Terminate Coverage for PEO**

Active Clients | PEO Contacts | **PEO Coverage** | Terminated Clients | Annual Report

FEIN	Primary Named Insured	Insurance Company	Policy Number	Policy Term Start (Inceptio...	Policy Term End (Expiration)	Coverage Termination	Master Policy
<input type="checkbox"/> 540535622	VIRGINIA ASSOCIATION ...	VIRGINIA COMMERCIAL GR...	000	07/01/2012	06/01/2013	06/01/2013	Yes

Page 1 of 1 | Add Coverage | **Terminate Selected** | Displaying 1 - 1 of 1

**\*File/View Annual Report**

PEO Contacts | PEO Coverage | Active Clients | Terminated Clients | **Annual Report**

Year	File Date	Amount Reported	Assessment Date	Assessment Amount	Date Paid
<input type="checkbox"/> 2013			01/01/2014		
<input type="checkbox"/> 2012			12/13/2013		
<input type="checkbox"/> 2012			12/13/2013		
<input type="checkbox"/> 2012			12/13/2013		
<input type="checkbox"/> 2012			11/21/2013		

Page 1 of 1 | Action: **Complete Annual Report** | Displaying 1 - 5 of 5

**\*Register NEW Client**

Active Clients | PEO Contacts | PEO Coverage | Terminated Clients | Annual Report

**New Client:** Fill out client form and click submit

**Name** ⓘ

**FEIN (Must be 9 digits, no dashes or spaces)** ⓘ

Cancel

**\*Edit Client Contact information**

**Client Summary**

<b>Name:</b> JR TEST	<b>FEIN:</b> 549876543	<b>Client Status:</b> Non-Compliant
<b>Legal Status:</b> Individual	<b>Date of VA Exposure:</b> 03/01/2013	<b>Contract Date:</b> 01/28/2014
<b>Submission Date:</b> 01/27/2014		

Edit

Client Contacts | Client Coverage | Client Contract

Address Type	Name	Street Address 1	Street Address 2	City	State	Postal Code	Country
<input type="checkbox"/> Physical							
<input type="checkbox"/> Mailing							
<input type="checkbox"/> Virginia Contact   Delete							

Actions: **Edit Selected**

**\*Add Coverage for Client**

Your location: [My PEO Tools](#) » [PEO Summary](#) » Client Summary

### Client Summary

<b>Name:</b> JR TEST	<b>FEIN:</b> 549876543	<b>Client Status:</b> Non-Compliant
<b>Legal Status:</b> Individual		
<b>Submission Date:</b> 01/27/2014	<b>Date of VA Exposure:</b> 03/01/2013	<b>Contract Date:</b> 01/28/2014

[Edit](#)

Client Contacts | **Client Coverage** | Client Contract

Coverage: If coverage is on a PEO master policy, select the master policy number and click submit. Otherwise, populate coverage form and click submit.

Is this coverage on one of the PEO's Master Policies?

No

Virginia Coverage

Effective Date MM/DD/YYYY

Coverage Matching Criteria

Insurance Company (DO NOT SELECT CARRIER # BEGINNING WITH "VW" OR LESS THAN 5 DIGITS)

Begin Typing Provider Name...

Policy Number (PLEASE DO NOT INCLUDE ANY DASHES OR SPACES)

Policy Term Start(Inception) MM/DD/YYYY

Policy Term End(Expiration) MM/DD/YYYY

[Cancel](#) [Save](#)

**\*Terminate Coverage for Client**

Your location: [My PEO Tools](#) » [PEO Summary](#) » Client Summary

### Client Summary

<b>Name:</b> JR TEST	<b>FEIN:</b> 549876543	<b>Client Status:</b> Non-Compliant
<b>Legal Status:</b> Individual		
<b>Submission Date:</b> 01/27/2014	<b>Date of VA Exposure:</b> 03/01/2013	<b>Contract Date:</b> 01/28/2014

[Edit](#)

Client Contacts | **Client Coverage** | Client Contract

FEIN	Primary Named Insured	Insurance Company	Policy Number	Policy Term Start (Inceptio...	Policy Term End (Expiration)	Coverage Termination	Master Policy
No Data Found							

Page 1 of 1 | Add Coverage | **Terminate Selected**

**\*Terminate PEO Client and coverage at same time**

Client Contacts | Client Coverage | Client Contract

**Contract Information:** Click Edit to edit contract information

- Date of Virginia Exposure: 07/01/2014
- Number of direct employees in Virginia : 2
- 100% of this client's employees are leased from this PEO
- This client company hires sub-contractors
- A written contract exists between the PEO and the Client.
- Contract Date: 07/01/2014
- Expiration Date:
- PEO shall provide information concerning the filing for workers' compensation and unemployment benefits given to each employee.
- PEO shall provide a written summary of rights and obligations to each employee
- PEO shall notify, in writing, client and co-employees of intent to terminate PEO agreement on or before termination and advise client of obligation to obtain workers' compensation coverage.
- PEO agrees to terminate client in WebFile within 30 days of termination of client agreement.

Edit | **Action: Terminate Client Relationshi**

**\*Edit Client Contract Information**

Client Contacts | Client Coverage | Client Contract

**Contract Information:** Fill out contract information form and click Submit

Date of Virginia Exposure: ⓘ  
07/01/2014

Number of direct employees in Virginia: ⓘ  
2

Are 100% of this client's employees leased from the PEO?: ⓘ  
Yes

Does this client company hire sub-contractors with employees to assist in the work of the business?: ⓘ  
No

A written contract exists between the PEO and the Client. ⓘ  
 Confirmed (Required by Statute)

Contract Date: ⓘ  
07/01/2014

Expiration Date  
[ ]

PEO shall provide a written summary of rights and obligations to each coemployee. ⓘ  
 Confirmed (Required by Statute)

PEO shall notify, in writing, client and co-employees of intent to terminate PEO agreement on or before termination and advise client of obligation to obtain workers' compensation coverage. ⓘ  
 Confirmed (Required by Statute)

PEO agrees to terminate client in WebFile within 30 days of termination of client agreement. ⓘ  
 Confirmed (Required by Statute)

PEO shall provide information concerning the filing for workers' compensation and unemployment benefits given to each employee. ⓘ  
 Confirmed (Required by Statute)

Cancel | Save