Employee ID

Email: EDI.Support@workcomp.virginia.gov **| Toll-Free**: 877-664-2566

Social Security Number
(DN0042)
Preferred Identification Number

If the Social Security Number is unknown, the following will be accepted: order of preference.

Employee Employment Visa
(DN0152)

Employee Passport Number
(DN0156)

Employee Green Card
(DN0153)

Employee Individual Taxpayer Identification Number (DN0437)

Assigned by Jurisdiction ID
(DN0154)
If none of the above valid IDs are known, the "Assigned by Jurisdiction ID" should be composed as follows:

Format

VA/Date of Injury (mmddyy)/Last Name/First Name/Padded with zeros (0)
* Include any hyphen or apostrophe; do not include spaces

Examples

For Claimant Name Sean Winterhalter with a Date of Injury of 01/01/08:
VA010108Winterh

For Claimant Name Dan Kim with a Date of Injury of 05/05/10:
VA050510KimDan0

For Claimant Name Maria Flores – Lopez with a Date of Injury of 01/05/2025:
VA010525Flores-