



Employee ID

Email: EDI.Support@workcomp.virginia.gov | Toll Free: 1-877-664-2566

Social Security Number

(DN0042)

Preferred Identification Number

If the Social Security Number is unknown, the following will be accepted:

**Employee
Employment Visa**
(DN0152)

**Employee
Green Card**
(DN0153)

**Employee
Passport Number**
(DN0156)

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)

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