COMMONWEALTH OF VIRGINIA WORKERS' COMPENSATION COMMISSION



WebFile Guide For Group Self-Insured Associations

Instructional Guide for WebFile System

MARCH 2014 EDITION

This Guide is designed to assist Group Self-Insured Associations (GSIAs) with using **WebFile**, the Virginia Workers' Compensation Commission's self-service GSIA Membership Management system. The Commission implemented this efficient, easy-to-use web-based system so that GSIAs could shift away from manual, paper-based processing to an efficient online tool to manage and update Member data. Questions about any of the information provided in this guide should be directed to pocmailbox@vwc.state.va.us.

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

The WebFile Guide for GSIAs provides the information and instructions necessary for navigating this web-based membership management tool. It 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 (see the Table of Contents for specific sections of interest)

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 <u>pocmailbox@vwc.state.va.us</u>. Technical questions can be directed to <u>webfilesupport@vwc.state.va.us</u>.

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WebFile for GROUP SELF INSURED ASSOCIATIONS (GSIA)

Background

Insuring through a licensed Group Self Insurance Association (GSIA) is one of the four methods an employer may choose to secure workers' compensation coverage in Virginia.

GSIA Licensure & Requirements

Two or more employers that have a common interest may be licensed by the State Corporation Commission (S.C.C.) as a group self-insurance association and are permitted to enter into agreements to pool their liabilities under the Act. Requirements for licensure are found in § 65.2-802 of the Workers' Compensation Act. The Bureau of Insurance in S.C.C. strongly encourages all parties interested in forming a Group Self-Insurance Association to schedule a personal meeting with the Bureau prior to application to gain an understanding of the licensing process. Contact the Bureau by phone at **(804)-371-9185.** Parties with an interest are also encouraged to review the Rules governing Group Self-Insurance Associations to appreciate the prerequisites and obligations of a GSIA.

Insurance Requirements

Specific and aggregate excess insurance may be required as a condition for licensing a group self-insurance association.

GSIA Rules

Group Self-Insurance Associations are governed by the State Corporation Commission. The rules governing GSIAs are listed in the Virginia Administrative Code under the State Corporation Commission, Bureau of Insurance at 14 VAC 5-370-10 et seq. To review the Rules click on the link provided for the Virginia Administrative Code and scroll down to Chapter 370, then click on it.

GSIA WebFile – A Web-Based Membership Reporting System

GSIA WebFile is the means by which a GSIA files to license GSIA coverage and to file ongoing required notices with the Virginia Workers' Compensation Commission (VWCC). This webpage contains information as to what is required to become **Group Self Insured in Virginia**. GSIAs must register all relevant data requested including but not limited to member insurance information. GSIA requirements are established by law and cannot be waived or varied without legislative change or approval.

GSIA Reporting

GSIAs are required to file annual reports. The Workers' Compensation Commission provides an online tool, **"WebFile for GSIA"** to satisfy GSIA reporting obligations. Once a GSIA is licensed, one or more members may be granted access to WebFile. The GSIA WebFile Guide is available to assist in navigating through the application.

Commission Assistance

If additional questions need answering or assistance is required, please contact the Insurance Department of the Commission by phone at (804) 205-3586 or by email at pocsupport@vwc.state.va.us.

Requesting Access

The first step to using GSIA WebFile is obtaining access. To request *WebFile* access send an e-mail to <u>pocsupport@vwc.state.va.us</u>. A GSIA 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 GSIA.

WebFile RESPONSIBILITIES

WebFile User

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

The GSIA is responsible for:

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

A notice sent by the Commission to a WebFile user that is listed as active for a GSIA will be deemed notice sent to the GSIA.

WebFile SECURITY

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

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

The logon username cannot be changed to be anything other than another e-mail address. If your email address changes and you wish to update your profile, contact the Commission through <u>webfilesupport@vwc.state.va.us</u>.

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 GSIA is responsible for ensuring that the GSIA 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 GSIA noncompliance notice sent to a GSIA 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 use.

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

TIMEOUT FEATURE

The system has been set up with a 30 minute timeout feature. If there is no activity within 30 minutes, the user will receive a message notifying them that they need to log back in.

INITIAL LOG IN AND WEBFILE ENROLLMENT

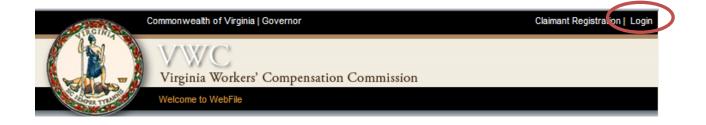
This section explains how to login to *WebFile* the first time and enroll in GSIA WebFile.

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

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

Click on Login

Do not click on Claimant Registration



2. Enter 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.



- 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 pocsupport@vwc.state.va.us. A password is not re-usable for 12 months.
- 5. Login using the new password that you created.

6. The next fields capture responses to security questions that will assist you in case you forget your password.

Security Question: 🕕
What is your mother's maiden name 🛛 🗙 🕶
Please select Security Question
What is your mother's maiden name
What high school did you attend
What was the make of your first car
What was your childhood best friend's last name
What is your favorite sports team

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

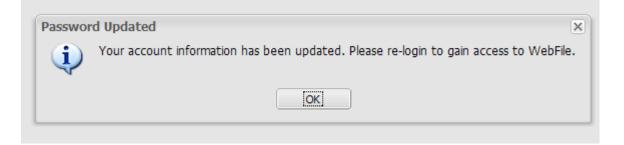


The address is validated against the US Postal Service database. A valid address is required to enroll in WebFile.

9. 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.



1. Click the **Save** 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.

FORGOTTEN PASSWORD AND RESET

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: GSIA User

<u>Prerequisite Actions</u>: 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 <u>password</u> has expired.

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

1.	Click FORGOT PASSWORD
T 1	

	1	
Userna	me:	
Passw	ord:	
	(
	Forgot Passw	ord

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

My VWC Account	Forgotten Password Retrieval	
Forgot Password		
Enter your usernar	ne to display your security questions	
Username:		

- 3. You will need to answer the security questions you completed when you first enrolled. If you cannot remember the answers to your security questions, contact popsupport@vwc.state.va.us.
- 4. Once you have entered your answers. Click SUBMIT
- 5. A confirmation message will appear.

My VWC Account	Forgotten Password Retrieval	
Password Reset)
A temporary passw .@v	ord was sent to wc.state.va.us	

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

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

	Commonwealth of Virginia Governor		Welcome, POC SUPPORT (pocsupport@vwc.state, a.	us) Manage Profile Logo t
	VWC Virginia Workers' Compensation Commission	and so single		
	Welcome to WebFile My PEO Tools			
Your location: Welcon	ne to WebFile			
Welcome to	WebFile		WebFile Links	

2. Manage Account Profile screen will display

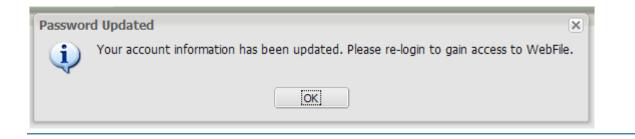
First Name:			
Middle Name:			
Last Name:			
	Mailing Address		
Address: Street:			
City:			
State:	Virginia		×
Postal Code:			
Country:	United States	~	
Check this box to accept T	erms and Conditions	3	
Save			
My VWC Account Manage	Account Password		
Password is case sensitive, I	must be at least 8 ch	aracters lo	ng, contain at least 1 number, 1 letter and 1 special character. Password will expire every
will not be re-usable for 12 r	nonths.	-	
Current Password:			
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.

MANAGING YOUR USER PROFILE

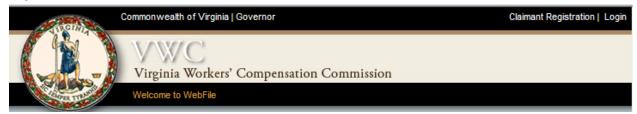
This section covers the steps for updating a user's personal profile.

Applicable Roles: GSIA User

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

Business Scenario: User needs to update data originally set up during the WebFile enrollment process.

- 1. Go to new website at: https://webfile.workcomp.virginia.gov
- 2. Log into WebFile



3. Enter login id and password

VWC Portal Login	×
Email:	_
Password:	_
Forgot Password	
	Login

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

Sec. Sec.	Commonwealth of Virginia Governor		Welcome, POC SUPPORT (pocsupport@vwc.state.vaus) Manage Profile	Logout
	VWC Virginia Workers' Compensation Commission Welcome to WebFile My PEO Tools	AST A		
Your location: Welcon	ne to WebFile			
Welcome to	WebFile		WebFile Links	

5. Manage Account Profile screen will display

VWC Account Manage A	ccount Profile			
First Name:	1			
Middle Name:				
Last Name:				
	Mailing Address			
Address: Street:				
City:				
State:	Virginia	~		
Postal Code:				
Country:	United States	~		
Check this box to accept T	erms and Conditions			
Save				

- 6. Make whatever changes are necessary
- 7. Check the box to accept the Terms and Conditions
- 8. Click SAVE
- 9. A confirmation page will display

Your location: My VWC Account

My VWC Account Manage Account Profile

How To Register a Member

This section explains how to register a Member in WebFile.

Applicable Roles: GSIA User

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

Business Scenario: User wishes to register a member

- 1. Login to *WebFile*.
- 2. User selects the GSIA it wishes to access by clicking the Federal Employer Identifier Number (FEIN) link (GSIAs who manage multiple GSIA FEINs with the Commission will see multiple rows).

Managed GSIAs: Your currently managed GSIAs are listed below. To enter report data, click the GSIA's name or to perform bulk uploads, check the GSIA row's box and click "Report Upload".				
GSIA Name	GSIA FEIN	Group Number		
UNITED CONTRACTORS OF THE PARA GROUP SELF-INSURANCE ASSOCIATION	541176395	00906		
TEST - Provider KLF	762919999	433434		
TEST - Provider KLF	2323223	55544433		

ADDING NEW MEMBER

A new member may be added by selecting New Member and entering all required data.

SIA Details							
▼ Group Self-Inst	arance Assocation Overvie	w					
		GSIA Name: Dougs Grou GSIA FEIN: 951842673	p Ins		Grou	up Number: 357246198	
Members: Click Mem	ber Name link to view details	and see Subsidiary Covered list/de	etails. Check a row's box and	i select an action from the a	action list to modify a record		
Name -	FEIN	Member Number	Cover go Status	Form From	Term To	Cancellation Request Date	Cancellation Effective Date
Page 1 of	1 1 1 2 1	Analy t	to Seleved New Member				No Data Found

GSIA Details		
▼ Group Self-Insurance Assocation Overview		
	GSIA Name: Dougs Group Ins GSIA FEIN: 951842673	Group Number: 357246198
Add New Member		
Name: 🕕	FEIN: 🕕	Legal Status: 🕕
		Please select a Legal Status
Member Number: 🕕	Coverage Effective Date: 🕕	Coverage Expiration Date: 🕕
	MM/dd/yyyy	MM/dd/yyyy
Street Address: 🕦		
City: 0	State: 🚺	PostalCode: 🕕
	Please select a State	*

- 1. Member Name
- 2. Member FEIN
- 3. Member Legal Status
- 4. Member Number
- 5. Coverage Effective date
- 6. Coverage Expiration date
- 7. Member Street Address
- 8. City
- 9. State
- 10. Zip Code

Select Submit

The following confirmation message will appear:

Successful save. Your transaction will be processed within the next 24 hours.



Because WebFile employs a batch process run after business hours to upload all Member and Subsidiary data received throughout the day, updated records are not visible until the following business day. ADDING subsidiaries, affiliates, trade names and / or additional locations. It is important to list <u>all</u> affiliated businesses with their names, locations and Federal Employer Identification numbers.

1. Select the Member Name

SIA Details							1
▼ Group Self-Insu	rance Assocation Overview						
		GSIA Name: Dougs Group GSIA FEIN: 951842673	p Ins		Grou	p Number: 357246198	
Compers: Clock - Long	er Name link to view details ar	nd see Subsidiary Covered list/de	stails. Check a row's box and	select an action from the a	action list to modify a record.		
Name	FEIN	Member Number	Coverage Status	Term From	Term To	Cancellation Request Date	Cancellation Effective Date
					01/01/2015		

2. A subsidiary, affiliate, trade name and/or additional location may be added by Selecting "New Subsidiary" and entering the required data.

riocation: My GSIA Tools	GSIA Details * Primary Insured Det	alb	
A Details - Primary Ins	sured Details		
Group Self-Insurance	Assocation Overview		
		A Name: Dougs Group Ins IA FEIN: 951842673	Group Number: 357246198
Member Overview			
	Member I Cancellation Reque	r Name: TESTER Jumber: 123-456 et Date: None iddress: 1000 DMV DR RICHMOND, Virgnia 232202036 United States	Member FEIN: 123456789 Current Term: 01/01/2014 - 01/01/2015 Cancellation Effective Date: None
sidiaries: Check a row	s box and select an action from the	action list to modify a record.	
Name Ad	idress Line 1 City	State Zip FEIN	Coverage Status Term From Term To Cancellation Req. Cancellation Effe
i Page 1 of 1 ≥ 3	al 🥸 🎨 I	Apply to Selected New Subsidiary	No Data Foun
A Details - Primary Ins	ured Details		-
Member Overview	Me Cancellation	GSIA Name: Dougs Group Ins GSIA FEIN: 951842873 Member Name: TESTER mber Number: 123–456 Request Date: None alling Address: No Address in Records	Group Number: 357246198 Member FEIN: 123456789 Current Term: 01/01/2015-01/01/2015 Cancellation Effective Date: None
Member Overview	Me Cancellation	GSIA FEIN: 951842673 Member Name: TESTER mber Number: 123-456 Request Date: Kono	Member FEIN: 123456789 Current Term: 01/01/2014 - 01/01/2015
d New Subsidiary Name Endon Date: MM	Me Cancellation Ma	GSIA FEIN: 951842673 Member Name: TESTER mber Number: 123-456 Request Date: Kono	Member FEIN: 123456789 Current Term: 01/01/2014 - 01/01/2015
d New Subsidiary Name Endon Date: MM	Ma Cancellation M : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0 : 0	GSIA FEIN: 951842873 Member Name: TESTER mber Number: 123-456 Request Date: None alling Address: No Address in Records	Member FEIN: 123459789 Current Term: 01/01/2014 - 01/01/2015 Cancellation Effective Date: None Legal Status: 0

- 1. Name (may be the same as the Member if adding location)
- 2. FEIN (may be the same as the Member if adding trade name or location)

- 3. Legal Status
- 4. Endorsement Effective Date
- 5. Street Address
- 6. City
- 7. State
- 8. Postal Code

Select Submit

Repeat if necessary to add additional subsidiaries, affiliates, trade names and/or locations.

All Columns have "Filtering Capability." This allows users to hone in on a particular record (or set of records); filtering begins as soon as one character is entered. The sample below shows the drop down for filtering by FEIN, but the drop down choice is the same of each column.

Group Self-Insurance As	ssocation Overview			
	GSIA Name: TEST - Provider KLF GSIA FEIN: 2323223		Group Num	ber: 55544433
Iembers: Click Member Name	link to view details and see Subsidiary Covered list/details. Check	a row's box and select an action from	n the action list to modify a record.	Terr correction
Name	FEIN	Member Number	Current Term From	Current Term To
- I Page 1 of 1 ▷ PI	Apply to Selected	A ↓ Sort Ascending X ↓ Sort Descending		
	(Filters		

How To Edit a Member

This section explains how to edit a member in WebFile.

Applicable Roles: GSIA User

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

Business Scenario: User wishes to edit a member

- 1. Login to *WebFile*.
- 2. User selects the GSIA it wishes to access by clicking the Federal Employer Identifier Number (FEIN) link (GSIAs who manage multiple GSIA FEINs with the Commission will see multiple rows).
- 3. Edit a Member by checking the box next the record and then clicking dropdown menu and highlight the data you wish to edit.

▼ Group Self-Insur	ance Assocatio	n Overview						
			GSIA Name: Dougs Gro GSIA FEIN: 951842673				p Number: 357246198	
Name -	er Name link to v FEIN	iew details and see	Subsidiary Covered list/d Member Number	etails. Check a row's box and Coverage Status	select an action from the a Term From	Term To	Cancellation Request Date	Cancellation Effective Date
TESTER	12345	6789	123-456	Good	01/01/2014	01/01/2015		
I Page 1 of 1	10.011 🤓 🂐		- Apply	to Selected New Member				Displaying 1 - 1 of
		Change Name Change FEIN Change Address Change Legal St Renew Coverage Reinstate Covera	atus					

- 4. Click Apply to Selected which will launch the appropriate pop-up window. Edit the data and select submit.
 - 1. Change Name

Change Name	×
Name:	
Endorsement Effective Date:	
Submit	

2. Change FEIN

Change FEIN	×
FEIN:	
Endorsement Effective Date:	
YYYYMMDD	
Submit	

3. Change Address

IA Details		
Group Self-Insurance Assocation Overv	ew	
	GSIA Name: Dougs Group Ins GSIA FEIN: 951842673	Group Number: 357246198
hange Address		
Street Address: 🕕		
1000 DMV DR		
City: 🕕	State: 🕕	PostalCode: 🕕
RICHMOND	Virginia	× 232202036

4. Change Legal Status

Change Legal Status	×
Legal Status:	
×	
Endorsement Effective Date:	
YYYYMMDD 🖪	P
Submit	

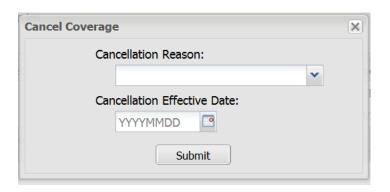
5. Renew Coverage

Renew Coverage	×
Coverage Effective Date:	
Coverage Expiration Date:	
Endorsement Effective Date:	
Submit	

6. Reinstate Coverage

Reinsta	te Coverage	×
	Endorsement Effective Date:	
	YYYYMMDD 🖪	
	Submit	

7. Cancel Coverage



Editing subsidiaries, affiliates, trade names and additional locations

Select the Member Name that contains the subsidiary, affiliate, trade name or location to be edited.

SIA Details							
▼ Group Self-Insu	rance Assocation Overview						
		GSIA Name: Dougs Grou GSIA FEIN: 951842673	p Ins		Grou	p Number: 357246198	
M	er Name link to view details ar	nd see Subsidiary Covered list/de	etails. Check a row's box and	select an action from the a	ction list to modify a record.		
	CC III	Member Number	Coverage Status	Term From	Term To	Cancellation Request Date	Cancellation Effective Date
Name+	FEIN						

The Member Overview and any subsidiaries or affiliates entered will appear.

	surance Assocation O	verview								
		G	SIA Name: Dougs G SIA FEIN: 9518426				Gro	up Number: 357246	198	
Member Ove	view									
			er Name: TESTER					ember FEIN: 123456		
		Member Cancellation Requ	Number: 123-456 Jest Date: None					fective Date: None	014 - 01/01/2015	
		Mailing	Address: 1000 DM RICHMO United S	ND, Virginia 23220203	6					
	rk a mu's how and colort	an action from the	action list to mod	fy a record.						
ubsidiaries: Ch	ck a row s box and select									
Subsidiaries: Ch Name •	Address Line 1	City	State	Zip	FEIN	Coverage Status	Term From	Term To	Cancellation Req	Cancellation Effe

5. Edit a subsidiary, affiliate, tradename or location by checking the box next the record and then clicking the dropdown menu and highlight the data you wish to edit.

▼ Group Self-In:	surance Assocation	Overview								
			SIA Name: Dougs (SIA FEIN: 9518426				Gn	oup Number: 357240	5198	
▼ Member Overv	riew									
			er Name: TESTER Number: 123-456 Jest Date: None				C	lember FEIN: 123456 urrent Term: 01/01/2 flective Date: None		
		Mailing	Address: 1000 DI	N DD						
		manining		OND, Virginia 23220203	6					
Subsidiaries:	k a row's box and sele		RICHM0 United 5	OND, Virginia 23220203 States	6					
Subsidiaries: or er Name •	k a row's box and sele Address Line 1		RICHM0 United 5	OND, Virginia 23220203 States	FEIN	Coverage Status	Term From	Term To	Cancellation Req	Cancellation Effe
Name-	Address Line 1 2104 W LABURI	ect an action from the	RICHMC United 5 action list to mod	DND, Virginia 23220203 States		Coverage Status Good	Term From 01/01/2014	Term To 01/01/2015	Cancellation Req	Cancellation Effe
and a state of the state of the state	Address Line 1	ect an action from the City	RICHMO United S action list to mod State Virginia	DND, Virginia 23220203 itates lify a record. Zip	FEIN 123456789				Cancellation Req	
Name* TESTER	Address Line 1 2104 W LABURD f 1	ect an action from the City	RICHMO United S action list to mod State Virginia	DND, Virginia 23220203 itates lify a record. Zip 232274357	FEIN 123456789				Cancellation Req	
Name A	Address Line 1 2104 W LABURI (1) 2104 W LABURI (1) 200 200 200 My GSIA Tools	ect an action from the City RICHMOND Change Name	RICHMO United S action list to mod State Virginia	DND, Virginia 23220203 itates lify a record. Zip 232274357	FEIN 123456789					Cancellation Effe Displaying 1 - 1 of 0_7-March-2014 02:

- 6. Clicking "Apply to Selected" which will open the appropriate pop-up window. Edit the data and select submit.
- 1. Change Name

Change	e Name	×
	Name:	
	Endorsement Effective Date:	ce
D D,	YYYYMMDD	
es	Submit	

2. Change FEIN

Change F	EIN	×
	FEIN:	
	Endorsement Effective Date:	
	YYYYMMDD	

3. Change Address

Group Self-Insurance Assocation Overview				
	GSIA Name: Dougs Group Ins GSIA FEIN: 951842673	Group Number	357246198	
Member Overview				
Car	Member Name: TESTER Member Number: 123-456 incellation Request Date: None	Member FEIN: 123456789 Current Term: 01/01/2014 - 01/01/2015 Cancellation Effective Date: None		
	Mailing Address: No Address in Records			
hange Address				
Street Address: ()				
2104 W LABURNUM AVE				
City: 🕕	State: 🕕		PostalCode: 🕕	
	Virginia	×	232274357	

4. Remove Coverage

~
c

5. Renew Coverage

Renew Co	overage	×
	Coverage Effective Date:	
) F	Coverage Expiration Date: YYYYMMDD	mo
5	YYYYMMDD	
	Submit	
Zip	FFINI Coverage Status	Torm

REPORT UPLOAD FUNCTIONS

This module covers the functionality available for managing and updating GSIA Member Data using the Report Upload option.

Applicable Roles: GSIA Administrator User

Prerequisite Actions: A GSIA has properly registered with the Commission.

Business Scenario: *GSIA needs to provide updated Member data to the Commission using the Report Upload option.*

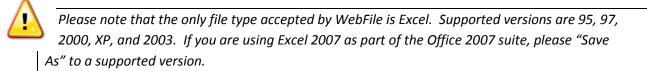
- 1. Login to WebFile.
- 2. The "Managed GSIA List" will display.
- Follow the directions provided to upload data for multiple Members via the "Report Upload" function.

Managed GSIA List		_	_
Managed GSIAs: Your currently managed GSIAs are listed below. To enter report data, click the GSIA's name of	to perform bulk uploads, check the GSIA row's box and click "Report Upload".		
GSIA Name		GSIA FEIN	Group Number
UNITED CONTRACTORS OF VIRGINIA GROUP SELF-INSURANCE ASSOCIATION		541176395	00906
TEST - Provider KLF		762919999	433434
TEST - Provider KLF		2323223	55544433
Actions: Report Upload			

4. Place a check next to the appropriate GSIA, and click the "Report Upload" button.

5. The File Upload portlet appears. Select the Browse button to open the "Choose File" option (not shown here), allowing you to access the spreadsheet you wish to upload from its location on your computer or network.

ile Upload		
File type must be .xls 👔	Browse	



6. After you have selected the file, WebFile will auto-insert the file pathway beginning with the letter of the drive where the file is located. Click the Upload Button.

Report Upload				
File Upload				
File type must be .xls () C:\Documents and Settings\All Users\Documents Browse				
Candel Upload				

7. If all data is properly entered and formatted on the spreadsheet, the following confirmation message will appear.

Report Upload	
Successful upload. Your transaction will be processed within the next 24 hours.	



Because WebFile employs a batch process run after business hours to uplaod all Member and Subsidiary data received throughout the day, updated records are not visible until the following business day.

Common Errors During the Report Upload Process

WebFile validates uploaded report data against Commission standards, as well as against (for Address data specifically) the US Postal Service's address database. The two most common reasons for error messages, therefore, involve

- 1. Improperly Formatted or Missing Data in Required Fields
- 2. Invalid Address Data [Street, City, State, Zip Code]

Beginning on page 20 below, the **Report Upload Spreadsheet Field and Function Matrix** provides details on the type and format of data required in the spreadsheet GSIAs upload to **WebFile**. It also contains a list of system error messages and how to correct them. The following two screen shots illustrate how WebFile displays errors. The summary view shows a list of only those rows from the uploaded report which contains errors.

epo	ort Upload													
	Errors exist	t in the uploa	ided file. Exp	and each ro	w to view the	error mess	age. Correc	t the error ar	nd re-upload	the file.				
File	Upload													
	-	t be .xls 🕕												
					Browse.									
Г	Override	Address Vali	dation											
6	ancel U	bload												
V-1			each row to vi											
	Action A	-	Member Nur		-		Old FEIN	Name	Old Name	Street Addre	City	State	Postal Code	Lenal Stat
	01	Honorritoqu	IC-GS-DT-NE	-	20100101	000000248	Chartent	IC-GS-DT-NE		IC-GS-DT-NE	· ·	VA	230601234	-
•			IC-OS-DT-NE		20100101	000000250		IC-GS-DT-NE		IC-OS-DT-NE		VA	230601234	
Ð	01		IC-GS-DT-NE	20090101	20100101	000000255		IC-GS-DT-NE		IC-GS-DT-NE	Richmond	VA	230601234	01
Ŧ	02	20090101	IC-GS-DT-EN	20090101	20100101	000000240					Richmond	VA	230601234	01

Users may expand the view to see a description of the error, with suggested next steps.

Rep	ort Upload													
•	Errors exis	t in the uploa	ided file. Exp	and each ro	w to view the	error mess	age. Correi	ct the error ar	id re-upload	l the file.				
Fil	e Upload													
Fi	ile type mus	t be .xls 🕕			_									
					Browse.									
Ľ	Override		dation											
	concel U													
Va	lidation Erro	-			-		-	1						
-	Action 🔺	Action Requ	Member Nurr	Coverage Ef	Coverage E>	FEIN	Old FEIN	Name	Old Name	Street Addre	City	State	Postal Code	Legal Status
Ξ	01		IC-GS-DT-NE	20090101	20100101	000000248	_	IC-GS-DT-NE		IC-GS-DT-NE	Richmond	VA	230601234	01
	Errors													
	The addr	ess you enter	ed was not re	cognized by t	he United Stat	es Postal Ser	vic <mark>e</mark> . Please (correct the add	iress or chec	k the Override	Address Vali	idation box to	skip validation	
•	01		IC-GS-DT-NE	20090101	20100101	000000250		IC-GS-DT-NE		IC-GS-DT-NE	Richmond	VA	230601234	01
	Errors													
	The addr	ess you enter	ed was not re	cognized by t	he United Stat	es Postal Ser	vice. Please (correct the add	lress or chec	k the Override	Address Val	idation box to	skip validation	

If, as illustrated above, the errors are limited to Address Data, users may check "Override Address Validation." *WebFile* will then return a Successful Upload message after the Report is uploaded again.



(*i*

Non-Address data errors cannot be overridden, and <u>must be corrected on the source</u> <u>spreadsheet</u> and reloaded before <i>WebFile will accept the Report.

REPORT UPLOAD SPREADSHEET FIELD AND FUNCTION MATRIX

Spreadsheet Column	Required Format of Data	Maximum Width	Required / Optional	Common System Error Messages	Description of Data Element
Action	2-digit number between 01 and 21	2	Required for All Transactions	Action Code Not Valid Maximum length for the Action Code is 2	An Action Code corresponds to a specific transaction type. See the last page for "Action Code Reference Table" for a list of each Action Code, Name, and Description.
Action Request Effective Date	YYYYMMDD (Example: May 5 th , 2009 is entered as 20090505)	8	Required for All Transactions	Action Request Effective Date is required Maximum length for the Action Request Effective Date is 8	This date reflects the effective date of the action being requested.
Member Number	Can be Alpha-Numeric, and can include special characters	18	Required for All Transactions	Member Number is required Maximum length for the Member Number is 18	This number is generated by the Group Self-Insured Association.
Coverage Term Effective Date	YYYYMMDD (Example: June 1 st , 2009 is		Required for All Transactions	Coverage Effective Date is required	The effective date of the coverage contract for the new certificate or the renewal certificate.

Spreadsheet Column	Required Format of Data	Maximum Width	Required / Optional	Common System Error Messages	Description of Data Element
	entered as 20090601)	8		Maximum length for the Coverage Effective Date is 8	
Coverage Term Expiration Date	YYYYMMDD (Example: June 1 st , 2010 is entered as 20100601)	8	Required for All Transactions	Coverage Expiration Date is required Maximum length for the Coverage Expiration Date is 8	The end date of the certificate contract for the new business certificate or the renewal certificate.
FEIN	9-digit Federal Employer Identification Number (FEIN)	9	Required for All Transactions	Federal Employer Identification Number is required Maximum length for a FEIN is 9	
Old FEIN	Former 9-digit Federal Employer Identification Number	9	Required Only When Changing/Updating the Original Member or Subsidiary FEIN (Transactions 02 or 06)	Federal Employer Identification Number is required Maximum length for a FEIN is 9	FEIN as it existed prior to being updated in the FEIN field. Note: Other terms for Subsidiary include "Trading As" or "Doing Business As"

Spreadsheet Column	Required Format of Data	Maximum Width	Required / Optional	Common System Error Messages	Description of Data Element
Name	Data must match precisely with what is already in <i>WebFile</i> , including punctuation	90	Required for All Transactions	Name is required Maximum length for a Name is 90 Member/Subsidiary name, FEIN, and Member Number combination is not valid	Name of Member. This data may be found by accessing WebFile and reviewing the Member / Subsidiary record. This data represents what was initially provided by the GSIA and loaded to the Commission's database.
Old Name	Former Name of Member	90	Required Only When Changing/Updating Original Member Name (Transactions 03 or 07)	Name is required Maximum length for a Name is 90	Member Name as it exists prior to being updated in this transaction.
Address	US Post Office standard, including use of standard abbreviations as needed. (Example: 1119 West Main Street or 1119 W. Main St.)	60	Required for All Transactions	Street Address is required Maximum length for a Street Address is 60	Address of Member. This data may be found by accessing <i>WebFile</i> and reviewing the record. This data represents what was initially provided by the GSIA and loaded to the Commission's database.

Spreadsheet Column	Required Format of Data	Maximum Width	Required / Optional	Common System Error Messages	Description of Data Element			
City	US Post Office standard naming; no commas in field	30	Required for All Transactions	City is required Maximum length for a City is 30	The city of the Member's primary address or the city of the Member's address in the jurisdiction.			
State	US Post Office Standard 2- letter Abbreviation (Examples: VA, NC, MN)	2	Required for All Transactions	State is required Maximum length for a State is 2	The State/jurisdiction of the Member's primary address or the State/jurisdiction of the Member's address in the jurisdiction.			
Zip	US Post Office 5-digit or 9- Digit Zip Code	9	Required for All Transactions	Postal Code is required Maximum length for a Postal Code is 9	The postal code of the Member's primary address or the postal code of the Member's address in the jurisdiction.			
Legal Status	2-digit number	2	Required for All Transactions	Legal Status is required Maximum length for the Legal Status is 2	The code associated with the Nature of Business.			

Values: 01 = Individual 02 = Partnership 03 = Corporation 04 = Assoc., Labor Union, Religious Organization 05 = Limited Partner 06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity 99 = Other	Spreadsheet Column	Required Format of Data	Maximum Width	Required / Optional	Common System Error Messages	Description of Data Element
02 = Partnership 03 = Corporation 04 = Assoc., Labor Union, Religious Organization 05 = Limited Partner 06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						Values:
03 = Corporation 04 = Assoc., Labor Union, Religious Organization 05 = Limited Partner 06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						01 = Individual
Image: Sector of Sector Constraints 04 = Assoc., Labor Union, Religious Organization 05 = Limited Partner 05 = Limited Partner 06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						02 = Partnership
05 = Limited Partner 06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						03 = Corporation
06 = Joint Venture 10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						04 = Assoc., Labor Union, Religious Organization
10 = Limited Liability Company (LLC) 11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						05 = Limited Partner
11 = Trust or Estate 12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						06 = Joint Venture
12 = Executor or Trustee 13 = Limited Liability Partnership (LLP) 14 = Governmental Entity						10 = Limited Liability Company (LLC)
13 = Limited Liability Partnership (LLP)14 = Governmental Entity						11 = Trust or Estate
14 = Governmental Entity						12 = Executor or Trustee
						13 = Limited Liability Partnership (LLP)
99 = Other						14 = Governmental Entity
						99 = Other

REPORT UPLOAD SPREADSHEET SAMPLE – NO ERRORS

Action	Action Request Effective Date	Member #		Coverage Term Exp Dt	FEIN	Old FEIN	Name	Old Name	Address	City	State	Zip	Legal Statu
12	20090101	IC-GS-DT-REI-0221		20100101	000000221		IC-GS-DT-REI-0221-Employer Name		IC-GS-DT-REI-0221-Primary Address	Richmond	VA	230601234	01
12	20090101	IC-GS-DT-REI-0222	20090101	20100101	000000222		IC-GS-DT-REI-0222-Employer Name		IC-GS-DT-REI-0222-Primary Address	Richmond	VA	230601234	01
12	20091030	IC-GS-DT-REI-0223	20090101	20100101	000000223		IC-GS-DT-REI-0223-Employer Name		IC-GS-DT-REI-0223-Primary Address	Richmond	VA	230601234	01
12	20090101	IC-GS-DT-REI-0224	20090101	20100101	000000224		IC-GS-DT-REI-0224-Employer Name		IC-GS-DT-REI-0224-Primary Address	Richmond	VA	230601234	01
06	20090101	IC-GS-DT-END-0225	20090101	20100101	000000225	000099999	IC-GS-DT-END-0225-Employer Name		IC-GS-DT-END-0225-Primary Address	Richmond	VA	230601234	01
05	20090101	IC-GS-DT-END-0226	20090101	20100101	000000226		IC-GS-DT-END-0226-Employer Name		IC-GS-DT-END-0226-Primary Address	Richmond	VA	230601234	01
08	20090101	IC-GS-DT-END-0228	20090101	20100101	000000228		IC-GS-DT-END-0228-Employer Name		IC-GS-DT-END-0228-Primary Address New	Richmond	VA	230601234	01
07	20090101	IC-GS-DT-END-0229	20090101	20100101	000000229		IC-GS-DT-END-0229-Employer Name New	IC-GS-DT-END-0229-Employer Name Old	IC-GS-DT-END-0229-Primary Address	Richmond	VA	230601234	01
09	20090101	IC-GS-DT-END-0230	20090101	20100101	000000230		IC-GS-DT-END-0230-Employer Name		IC-GS-DT-END-0230-Primary Address	Richmond	VA	230601234	01
03	20090101	IC-GS-DT-END-0231	20090101	20100101	000000231		IC-GS-DT-END-0231-Employer Name New		IC-GS-DT-END-0231-Primary Address New	Richmond	VA	230601234	01
02	20090101	IC-GS-DT-END-0240	20090101	20100101	000000240	000999999	IC-GS-DT-END-0240-Employer Name		IC-GS-DT-END-0240-Primary Address	Richmond	VA	230601234	01
11	20090101	IC-GS-DT-REN-0242	20090101	20100101	000000242		IC-GS-DT-REN-0242-Employer Name		IC-GS-DT-REN-0242-Primary Address	Richmond	VA	230601234	01
11	20090101	IC-GS-DT-REN-0243	20090101	20100101	000000243		IC-GS-DT-REN-0243-Employer Name		IC-GS-DT-REN-0243-Primary Address	Richmond	VA	230601234	01
10	20090101	IC-GS-DT-REN-0244	20090101	20100101	000000244		IC-GS-DT-REN-0244-Employer Name		IC-GS-DT-REN-0244-Primary Address	Richmond	VA	230601234	01
19	20090101	IC-GS-DT-CAN-0245	20090101	20100101	000000245		IC-GS-DT-CAN-0245-Employer Name		IC-GS-DT-CAN-0245-Primary Address	Richmond	VA	230601234	01
13	20090101	IC-GS-DT-CAN-0246	20090101	20100101	000000246		IC-GS-DT-CAN-0246-Employer Name		IC-GS-DT-CAN-0246-Primary Address	Richmond	VA	230601234	01
14	20090101	IC-GS-DT-CAN-0247	20090101	20100101	000000247		IC-GS-DT-CAN-0247-Employer Name		IC-GS-DT-CAN-0247-Primary Address	Richmond	VA	230601234	01
01	20090101	IC-GS-DT-NEW-0248	20090101	20100101	000000248		IC-GS-DT-NEW-0248-Employer Name		IC-GS-DT-NEW-0248-Primary Address	Richmond	VA	230601234	01
01	20090101	IC-GS-DT-NEW-0250	20090101	20100101	000000250		IC-GS-DT-NEW-0250-Employer Name		IC-GS-DT-NEW-0250-Primary Address	Richmond	VA	230601234	01
10	20090101	IC-GS-DT-REN-0254	20090101	20100101	000000254		IC-GS-DT-REN-0254-Employer Name		IC-GS-DT-REN-0254-Primary Address	Richmond	VA	230601234	01
01	20090101	IC-GS-DT-NEW-0255	20090101	20100101	000000255		IC-GS-DT-NEW-0255-Employer Name		IC-GS-DT-NEW-0255-Primary Address	Richmond	VA	230601234	01

General Error Messages D	Ouring Spreadsheet Upload
The Following Error Messages May Display During the Spreadsheet Upload Process:	An error occurred during the document upload; please verify that the file is of the correct file type. The correct file type is Microsoft Excel; supported versions are 95, 97, 2000, XP, and 2003. If you are using Excel 2007 as part of the Office 2007 suite, please "Save As" to a supported version.
	An error occurred during the document upload; the administrator has been contacted. If the problem persists, please contact the administrator. <u>The WebFile Administrator can be</u> <u>contacted at Webfilesupport@vwc.state.va.us</u> .
	Errors exist in the uploaded file. Expand each row to view the error message. Correct the error and re-upload the file. <u>This message will no longer display once all of the data and</u> formatting requirements have been met. If errors persist, please attach the spreadsheet (with errors highlighted) in an e-mail to Webfilesupport@vwc.state.va.us.
	The address you entered was not recognized by the United States Postal Service. Please correct the address or check the Override Address Validation box to skip validation.
	The system validates address data against the US Postal Service database to ensure quality data is loaded to the system. You may override this step so that your Address Data is accepted. See the Spreadsheet Upload Section above for details.

REPORT UPLOAD SPREADSHEET – ACTION CODE REFERENCE TABLE

	Action Code F	Reference Table
Action Code	Action Name	Action Description Use This Action Code to
01	Add New Member	Add New Insured Member
02	Change Member FEIN	Change Existing Insured FEIN to new FEIN - must also insert former FEIN in Old FEIN field
03	Change Member Name	Change Legal Status of Insured (see "Legal Status" row above for specific status options)
04	Change Member Address	Change Official Address for Insured
05	Add New Subsidiary / Trading Name / Doing Business As*	Add New Employer
06	Change Subsidiary FEIN	Change existing Employer FEIN to New FEIN - must also insert former FEIN in Old FEIN field
07	Change Subsidiary Name	Change existing Employer name to new Name - must also insert former name in Old Name fiel
08	Change Subsidiary Address	Change existing Employer address to new address
09	Remove Subsidiary	Delete Employer
10	Renew Member	Renew existing Insured client - must also insert Member Number in "Member #" field
11	Renew Subsidiary	Renew existing Employer - must also insert Member Number in "Member #" field
12	Reinstate Member	Reinstate currently inactive Insured client
13	Cancel Member due to Non-Payment (group's request)	Cancel Insured Client due to Non-Payment; action generated by Group
14	Cancel Member due to Underwriting Reason (group's request)	Cancel Insured Client due to Underwriting Reason; action generated by Group
15	Cancel/Non-renew Member due to Cov Placed Elsewhere (member's request)	Cancel due to Client Coverage moved to competitor; action initiated by member
16	Cancel/Non-renew Member due to Change of Ownership (member's request)	Cancel due to Change of Ownership; action initiated by member
17	Cancel/Non-renew Member due to No Empl/No Expos/No Ops (member's request)	Cancel due to No Employer, No Expos (?), No Ops (?)
18	Cancel/Non-renew Member due to Out of Business (member's request)	Cancel due to member going out of business; action initiated by member
19	Cancel/Non-renew Member Reason Unknown (member's request)	Cancel when action initiated by member, with no reason given
20	Non-renew Member due to Non Payments (group's request)	Non-renew member due to non-payment; action initiated by Group
21	Non-renew Member due to Underwriting Discretion (group's request)	Non-renew member due to Underwriting decision; action initiated by Group