

**VIRGINIA NOTICE TERMINATING PRIOR REJECTION OF COVERAGE**

This is notice that the undersigned hereby terminates the rejection of the right to claim compensation benefits on account of injuries by accident sustained under the Virginia Workers' Compensation Act as provided in section 65.2-300, and in accordance with section 65.2-300 hereby accepts the provisions of the Act.

This \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name & title of executive officer (print or type)

A copy of this notice must be handed personally to the employer by the employee or sent by registered mail. An additional copy showing completion of the certificate on the reverse side by the employer must be forwarded to the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220 (Sec 65.2-300).

\_\_\_\_\_  
Signature of executive officer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

(See certificate on reverse side)

VWC Form No. 17A (rev 10/1/91)

**CERTIFICATE OF EMPLOYER**

Receipt of the foregoing notice terminating prior rejection of the right to claim compensation benefits on \_\_\_\_\_, 19 \_\_\_\_\_ is acknowledged herewith.

\_\_\_\_\_  
Insurance carrier

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Address of employer

\_\_\_\_\_  
Policy period

\_\_\_\_\_  
By (signature)

\_\_\_\_\_  
Title

This termination notice becomes effective thirty days from date of receipt by the employer (see section 65.2-300).