



*VIRGINIA DEFENSE FORCE*  
*DEPARTMENT OF MILITARY AFFAIRS*  
COMMONWEALTH OF VIRGINIA  
5001 Waller Road  
Richmond, Virginia, 23230  
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Office of the G-1  
MAJ Michael T. Fein

VDF-H1

06 April 2015

MEMORANDUM FOR: See Distribution

SUBJECT: Directive on Filling out Workman's Comp Claim Form Properly

1. When filling out a Workman's Comp claim please bear in mind:
  - a) Only the DMA form is to be used. An example of a properly completed form is on the VDF website.
  - b) Form **MUST** be filled out electronically. The only handwriting accepted will be signatures.
  - c) Every block **MUST** be completed
  - d) Scan and send (e-mail) form to G-1 when completed. VDF Surgeon and G-3 are to be cc:'d in the e-mail.
  - e) Photos should be taken of the area where incident occurred and accompany form when submitted.
  - f) Please bear in mind: Will person making claim lose any work time?
  - g) Please bear in mind: Are phone numbers, address, etc. current?
  - h) Be very descriptive and specific in description of incident.
  - i) Form and photos must be in to DMA within 24 hours of incident.

Michael T. Fein  
MAJ GS VDF  
ACoS G-1

CF:  
ALL VDR Personnel