

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 171 VA (2003/02)	Virginia Rejection of Coverage Under The Virginia Workers' Compensation Act	Use this form to notify the Virginia Workers Compensation Commission that an employee who is an officer of a corporation elects to be excluded from workers compensation insurance coverage. This form is identical to VWC Form number 16A (rev. 1/1/99).