



Authorization to Access Information Or File on Behalf of Employer

Employer Services
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Claim and Account Access

This Authorization Request is: New Update Cancellation

Effective Date:

____/____/____

Employer Information

Complete this section about your worker's compensation account. This form authorizes L&I to share information regarding this account, quarterly report filing, or claims with the representative listed below.

9 Digit UBI Number: (ex. 603-123-456)____-____-____		8 Digit L&I Account ID: (ex. 123,456-78)____,____-____	
Business Name:		Authorized Contact Name:	
Address:		City:	State: Zip:
Phone:	Fax:	Authorized Contact Email Address:	

Representative Information

You agree to grant the following representative access to the above account.

Representative Business Name:		Representative Contact Name:	
9 Digit Representative UBI Number: (ex. 603-123-456) ____-____-____			
Address:		City:	State: Zip:
Phone:	Fax:	Contact Email Address:	
Primary Role: <input type="checkbox"/> Accountant <input type="checkbox"/> Payroll <input type="checkbox"/> PEO* <input type="checkbox"/> Legal Rep <input type="checkbox"/> Other (specify):_____			

Accesses Granted (select all that apply)

Access Authorized for:	<input type="checkbox"/> Account	<input type="checkbox"/> Quarterly Filing	<input type="checkbox"/> Claims	<input type="checkbox"/> Other (specify):_____
Send Mail To:	<input type="checkbox"/> Employer	<input type="checkbox"/> Representative	<input type="checkbox"/> Other (specify):_____	

Signature

Signature below must be an authorized signer from the employer (e.g. owner, officer, or person with power of attorney). The signature below authorizes L&I to release confidential information and grant online access as indicated. If the effective date is blank, the date signed below will become the effective date

Employer Authorized Contact Printed Name:	Employer Authorized Contact Title
Employer Authorized Contact Signature	Date

Please make a copy of this form for your files.

Scan and email this form to QuarterlyFiling@Lni.wa.gov or fax to 360-902-4988.

Instructions to Complete the Authorization to Access Information or File on Behalf of Employer Form

The Authorization to Access Information or File on Behalf of Employer form grants L&I permission to share confidential information or grant online access to a business account, quarterly report filings, and claims.

Authorization Request

- Check the applicable box indicating whether this authorization is new, updates a current authorization on file, or cancels the current authorization on file (checking new cancel all previous authorizations).
- Enter the date you want this authorization to start (normally the first date of the quarter *ex. 7/1/2017*).

Employer Information

Provide complete information about the business and person granting authorization to an L&I workers compensation account. Authorization must include the following information to be approved:

- 9 Digit UBI Number
This is the 9-digit Unified Business Identifier (UBI) number issued by Department of Revenue (DOR) when starting a business. Most UBI numbers begin with the number six (6) and follow the format: 603-123-456 (NOTE: This is ***not*** the tax ID/EIN/FEIN number issued by the IRS).
- 8 Digit L&I Account ID
This is the 8-digit Account ID number issued by L&I when a workers compensation account is opened. It follows the format 123,456-78. This number is located on the employer's Rate Notice, New Account Packet and other L&I correspondence.

TIP: Look up a UBI or Account ID at <https://secure.lni.wa.gov/verify> and search the business name.

- Legal or DBA name of the business
- Person authorizing access to the employer information. To complete this section, you must be an authorized signer (generally, a business owner, partner, corporate officer, or LLC member listed on the L&I policy (or other Washington State records). If L&I cannot verify you as an authorized signer, it is your responsibility to provide supporting documentation indicating you are authorized to give this permission.
- Employer authorized contact information, including address, phone/fax numbers, and email address.

Representative Information

Provide complete information regarding the person or company authorized to access the employer account. Authorization must include the following information to be approved:

- Name of the business and person receiving access to the employer account.
- 9 Digit UBI Number of the business receiving access.
- Representative contact's full mailing address, phone/fax numbers, and email address.
- Check the box indicating the representative's primary role between the employer and L&I.
- PEO*: L&I defines a PEO as a [co-employment firm](#) who supplies workers (leases employees) and shares experience with the employer. For purposes of this application, L&I will set up a sub-account (not grant access) for the PEO ***only if they specify*** "PEO" in the Access Granted 'Other' section.

Access(es) Granted

- Indicate which access(es) should be allowed for the Employer's worker compensation account.
- For each access authorized, indicate where L&I should send mail (to the employer or representative).
Note: This does not change the official business mailing address for sending information to employer.

Signature

To complete this section, you must be an authorized signer (see Employer Section for definition of whom L&I considers an authorized signer). If no effective date is indicated above, the date signed will be used.

Send to L&I

Keep a copy of this completed form for your files. Email a signed, scanned copy of this form to QuarterlyFiling@Lni.wa.gov or fax to 360-902-4988.