Washington State Department of Labor & Industries

Authorization to Access Information Or File on Behalf of Employer

Employer Services
PO Box 44140
Olympia WA 98504-4140
Fax 360-902-6787

Claim and Account Access
Email this form to: QuarterlyFiling@Lni.wa.gov

This form authorizes L&I to share information regarding this account, quarterly report filing, or claims with the representative listed below.

This Authorization Request is: ☒ New ☐ Update ☐ Remove Access Effective Date: ____/____/_____

☐ Temporary access: Start Date: ____/____/_____ End Date ____/____/_____

Employer Information (all fields required)

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:	Email Address:

Representative Information (all fields required)

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

Representative Business Name:	Representative Contact Name:
ADP Tax Services Inc	Agency Communications Team

9 Digit Representative UBI Number: (ex. 603-123-456) 603 - 394 - 293

Address:	City:	State	Zip
400 W. Covina Blvd	San Dimas	CA	91173

Phone	Email Address:
877-706-0510	TFSAgency_CommTeam@adp.com

Primary Role: ☐ Accountant/Bookkeeper ☒ Payroll ☐ PEO ☐ Legal Rep

PEO's and Legal Reps Only:

Send Industrial Insurance Claims Mail to: (select one) ☒ Employer ☐ Representative

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:

Instructions

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. Please make a copy of this form for your files
Scan and email this form to QuarterlyFiling@Lni.wa.gov or fax to 360-902-6787

Authorization Request

- Check the applicable box, checking "new" will cancel all previous authorizations.
- Enter the date you want this authorization to start going forward.

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:

- **UBI Number**: This is the 9-digit Unified Business Identifier (UBI) number issued by Department of Revenue (DOR). 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).
- **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. You can find this number on any L&I correspondence or in your new account email.

  TIP: Look up a UBI or Account ID at https://secure.lni.wa.gov/verify and search the business.
- Legal or DBA name of the business
- Person authorizing access to the employer's information. This 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 contact information, including address, phone number, 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 number, 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.

PEO's and Legal Reps Only

- Indicate where mail for industrial insurance claims should be sent.
  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.