



# Authorization to Access Information Or File on Behalf of Employer

Employer Services  
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Fax 360-902-4988

[QuarterlyFiling@Lni.wa.gov](mailto:QuarterlyFiling@Lni.wa.gov)  
[www.QuarterlyReports@Lni.wa.gov](http://www.QuarterlyReports@Lni.wa.gov)

*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:	
<b>Primary Role:</b> <input type="checkbox"/> Accountant <input type="checkbox"/> Payroll <input type="checkbox"/> <a href="#">PEO*</a> <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](mailto:QuarterlyFiling@Lni.wa.gov) or fax to 360-902-4988.