



TAKING PRIDE IN THE QUALITY OF OUR CARE



By filling out this form we will provide you with your workers' compensation history confidentially and without obligation.

To find out how you would benefit from this program, just complete this form and fax it to the attention of David Swish at (253) 237-0859.

Temporary Authorization for Release of Information

Workers' Compensation Group Retrospective Rating

Authorization is hereby given to the Department of Labor & Industries to provide our company's claim history, premiums, losses, statistics, experience modification factor and related industrial insurance data to the Washington Health Care Association and Employer Resources Northwest. This authorization is effective immediately and granted for one year from date of signature or until withdrawn through our written notification to the Department.

Company name: _____ Number of Employees: _____

UBI#: _____ L&I Account No*: _____

Additional L&I Acct #'s if more than one: _____

Signature of company official: _____ Date: _____

Please print name: _____ Title: _____

Contact name & title if different: _____

Phone: _____ Fax: _____

Company Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

**from Department of Labor & Industries form "Employer's Quarterly Report of Hours for Industrial Insurance"*

For additional information regarding the WHCA Retrospective Rating Program, please contact David Swish at Employer Resources Northwest - (800) 433-7601 ext. 809.