



# Authorization to Access Information Or File on Behalf of Employer

Employer Services  
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Fax 360-902-6787

[QuarterlyFiling@Lni.wa.gov](mailto:QuarterlyFiling@Lni.wa.gov)  
<https://secure.Lni.wa.gov>

*Claim and Account Access*

All fields noted as "**required**" must be completed

This Authorization Request is <b>(required)</b> : <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove Access <input type="checkbox"/> Close Account	Effective Date <b>(required)</b> : ____/____/____
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<b>Employer Information</b> 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) _____ - _____ - _____ <b>(required)</b>		8 Digit L&I Account ID:(ex. 123,456-78) _____, _____ - _____ <b>(required)</b>	
Business Name <b>(required)</b> :		Authorized Contact Name <b>(required)</b> :	
Address:		City:	State    Zip
Phone <b>(required)</b> :	Fax:	Authorized Contact Email Address <b>(required)</b> :	

<b>Representative Information:</b> You agree to grant the following representative access to the above account.			
Representative Business Name:		Representative Contact Name <b>(required)</b> :	
9 Digit Representative UBI Number: (ex. 603-123-456) <b>(required)</b> : _____ - _____ - _____			
Address:		City:	State    Zip
Phone <b>(required)</b> :	Fax:	Contact Email Address <b>(required)</b> :	
<b>Primary Role- (required)</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): _____

<b>Access Granted</b>			
Access Authorized for: (Select all that apply) <b>(required)</b> : <input type="checkbox"/> Account <input type="checkbox"/> Quarterly Filing <input type="checkbox"/> Claims <input type="checkbox"/> Other (specify): _____			
Send Mail to:(choose one) <b>(required)</b> <input type="checkbox"/> Employer <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify): _____			

<b>Signature</b> Signature below must be an authorized signer from the employer (e.g. owner, office, 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 <b>(required)</b> :	Employer Authorized Contact Title <b>(required)</b> :
Employer Authorized Contact Signature <b>(required)</b> :	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 360-902-6787

## 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, removes access or close account (checking new cancel all previous authorizations).
- Enter the date this authorization becomes effective (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](mailto:QuarterlyFiling@Lni.wa.gov) or fax to 360-902-6787.