|  |  |
| --- | --- |
| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.png  Insurance Services Administration  PO Box 44291  Olympia WA 98504-4291 | **Preferred Worker Expense Reimbursement**  **Application for Employers**  (Tools and Clothing)  *Apply separately for* ***wage*** *reimbursement*  *For workers granted preferred worker status on or after January 1, 2016* |

|  |  |  |
| --- | --- | --- |
| **Employer** |  | **Preferred Worker** |
| Business Name |  | Name |
| L&I Account Number |  | L&I Claim Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mail Reimbursement To** | | |  | **Job Description Before Injury** |
| Mailing Address | | |  | *Example: Warehouse Worker – produce packing* |
|  |
|  | | |  | **Preferred Worker Job Description**  *Example: Inventory Control Clerk* |
| City | State | Zip Code |  |  |

**Information we need to calculate your tools and/ or clothing reimbursement:**

* We will reimburse if this purchase was ***required*** to make it possible for this worker to perform work.

|  |  |  |  |
| --- | --- | --- | --- |
| Date Purchased: | Description of Item: | Reimbursement Amount Requested | *L&I Use Only* |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **Total Reimbursement You’re Requesting** | | **$** |  |

|  |
| --- |
| Explain why the approved work required this purchase: |

**Please Sign Below:**

I certify that the information provided on this request is true and accurate.

|  |  |
| --- | --- |
| Signature: | Printed Name and Title: |
| Signature Date (mm/dd/yyyy): | Phone Number in Case We Need to Contact You: |

**Fax to: 360-902-6100** (*Or mail to the address above*)

**Questions?** Call **1-866-406-2482**  or toll-free **360-902-4411**

**List of required attachments on page 2**

|  |
| --- |
| **Expense reimbursement: What does it cover?** |

L&I’s Preferred Worker program may pay for the following, if because of the injured worker’s unique needs, the employer must make a purchase so the worker can perform the work. It can’t be a cost the employer incurs when hiring other workers to do the same work.

|  |  |
| --- | --- |
| **Tools or Equipment**  *Example: Special wrench or keyboard tray* | Up to **$2,500** per claim |
| **Clothing**  *Example: Steel-Toed Boots* | Up to **$400** per claim |

|  |
| --- |
| **To be eligible for this program, the employer must:** |

* Have an L&I-approved [Preferred Worker Request](http://www.lni.wa.gov/FormPub/Detail.asp?DocID=2835).
* Be paying workers’ compensation premiums to L&I, if a State Fund employer. (A self-insured employer is eligible only if employing a worker certified under a State Fund claim.)
* Continue any health care benefits the worker had, unless these benefits are inconsistent with the employer’s current benefit program for workers.
* Apply *within one year* of incurring the eligible expenses.

|  |
| --- |
| **Required Attachment for This Form:** |

***Important:*** *Write the L&I claim number on each attached page.*

* Dated, itemized receipts for the goods or services you purchased.

|  |
| --- |
| **Instructions for sending this application to L&I:** |

* Print your completed form.
* Sign.
* Gather required documentation. *Write the claim number on each page.*
* Fax form and documentation to 360-902-6100 or mail to address on page 1.

**Questions?** Call toll-free 1-866-406-2482 or 360-902-4411