

Authorization for Third Party to Act on Behalf of a Self-Insured Employer

A. Business Information

1. Employer Information

Name of Self-Insured Employer		
Effective Date	Authorization Access Request Type <input type="checkbox"/> New Access <input type="checkbox"/> Update <input type="checkbox"/> Remove	
8 Digit L&I Account ID (ex: 700-000-00)	9 Digit Unified Business Identifier (UBI) (ex: 603-123-456)	
Business Address		
City	State	Zip Code
Business Email		Business Phone Number

2. Third Party Information

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

Third Party Name	Representative Contact	
Primary Role <input type="checkbox"/> TPA <input type="checkbox"/> Other (specify):	9 Digit Unified Business Identifier (UBI) (ex: 603-123-456)	
Third Party Address	Third Party License Number (if applicable)	
City	State	Zip Code
Third Party Email Address		Third Party Phone Number

3. Type of Access to be Granted

Access Authorized for: (select all that apply) <input type="checkbox"/> Account Changes <input type="checkbox"/> Claims <input type="checkbox"/> Other (specify):
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B. Contract Associations Between Employer & Third Party Administrator(s)

If the new TPA is not representing **all** claims, please provide claim coverage dates.

Will this TPA be processing all claims past & present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please specify dates coverage begins

C. Instructions

The Authorization for Third Party to Act on Behalf of a Self-Insured Employer form grants L&I permission to share confidential information and grant online access to business accounts, quarterly reports, and claims.

All form fields must be completed and signature is required. The following information is to further clarify the fields above:

- **Authorization Request** indicates whether this authorization is new, updates a current authorization, or removes access.

- **Effective Date** is the date that authorization becomes effective (normally the first day of the quarter or if not specified, the signature date).
- **9 Digit UBI Number** is the Unified Business Identifier issued by the Department of Revenue. Please note that this is not the tax ID/EIN/FIEN issued by the IRS.
- **8 Digit L&I Account ID** is the 8 digit number issued by L&I when a workers compensation account is opened. Self-Insured account numbers start with a 7 and follow this format 7xx,xxx-00. Go to <https://secure.Lni.wa.gov/verify> and search by business name to find a UBI or L&I Account ID.
- **Person Authorizing Access** to the self-insured employer information must be an authorized signer (an owner, partner, corporate officer, or LLC member listed on the L&I policy or other Washington State records). If L&I cannot verify an authorized signer, it is the business' responsibility to provide supporting documentation indicating they are authorized to grant the permission.
- **Granting Access** does not change the official business mailing address for sending information to the self-insured employer.

By checking this box, I agree that I have fully read this document and voluntarily consent to the terms and conditions.

D. 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.

Authorized Employer Representative Name	Signature	Date
Third Party Representative Name	Signature	Date

Submit Completed Form to:

Self-Insurance Certification Services
 PO Box 44891
 Olympia WA 98504-4891

Contact Information:

Email: CertificationSvcs@Lni.wa.gov
 Phone: 360-902-3513
 Fax: 360-902-6650