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| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.pngInsurance Services AdministrationPO Box 44291Olympia 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* |

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

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| **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.

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

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| Explain why the approved work required this purchase:      |

**Please Sign Below:**

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

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| 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**

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| **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.

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| **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 |

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| **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.

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| **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.

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| **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