



WACA RETRO

Building the foundation for a successful workers' compensation program

Please complete this temporary authorization for release of workers' compensation information form and we will provide you with a confidential refund quote.

FAX: (253) 237-0848 or SCAN / EMAIL: RETRO@ERNWEST.COM

BUSINESS INFORMATION

Company Name

DBA (if applicable)

Address

Email Address

City, State, Zip

Phone

LABOR AND INDUSTRIES RELEASE OF INFORMATION

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 Aggregate and Concrete Association and Employer Resources Northwest. This authorization is to include allowing Employer Resources Northwest online access to the Secure Access system and the Claim and Account (CAC) system. The scope of authorization is to include all matters relating to the Department of Labor & Industries and is to begin effective immediately and granted for one year from date of signature or until withdrawn through our written notification to the Department.

Company Official

Title

L&I Account Number

Signature

Date

UBI Number

Contact Person (if different)

Title

Number of Employees



**WASHINGTON AGGREGATES
& CONCRETE ASSOCIATION**