



## GROUP RETRO RELEASE

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](mailto: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 Biotechnology and Biomedical 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of Labor & Industries and is to begin effective immediately and granted for one year from date of signature or until withdrawn through our written notification to the Department.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

Please contact Kim Murphey from ERNwest with any questions at  
800.433.7601 x807 or [kimmurphey@ernwest.com](mailto:kimmurphey@ernwest.com)