

State of Washington authorization form

Department of Labor and Industries
P.O. Box 44180
Olympia, WA 98504-4180

Date: _____

Please release all historical workers' compensation claims and premium data
To Sedgwick UBI 601 767 420, and it's representatives, for the following company:

FIRM NAME: _____

ACCOUNT ID: _____

This authorization includes access to the Claim and Account Center (CAC) to review all premium paid, hours reported, claims charged to the account(s). This release expires six (6) months after date signed.

Thank you for your assistance.

Sincerely,

NAME (PRINT): _____

SIGNATURE: _____

TITLE: _____

PHONE: _____ **EMAIL:** _____