



Group Retro Program Release Form

STEP 1 - Complete *ALL* the information below:

Name: _____

Title: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

UBI Number: _____

L&I Account Number: _____

Approx. Annual Premium Paid to L&I _____

Do you have a full time Safety Person? Yes No

Are you currently enrolled in a Retro Program? Yes No

If yes, which one? _____

STEP 2 - Sign the authorization below:

AUTHORIZATION

I hereby authorize SMART (or its designate) to obtain information about my company from the Washington State Department of Labor & Industries. I understand that all responses/information will be kept strictly confidential and will be used solely to assess my potential eligibility for participation in a Group Retrospective Rating Plan. I understand that a copy of this release constitutes an original.

Signature

Date

STEP 3 - Send this completed form to SMART:

- 1.) By Fax, Attention to Dustin Bremerman, (206) 299-4060
- 2.) By Mail (original form) to: SMART
1711 S Jackson St.
Seattle, WA 98144