

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

Authorization is hereby given to the Washington State Department of Labor and Industries to provide all information pertaining to the industrial insurance account listed above including all related active or inactive sub accounts to Approach (or its designate). This includes access to the Claims and Account Center for a period of six months after signature date. I understand that this information 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. This authorization is effective immediately and granted from the date of the signature or until withdrawn through our written notification to the department or Approach.

Signature

Date

STEP 3 - Send this completed form to Approach:

- 1.) By fax, Attn: Dustin Bremerman, (206) 299-4060
- 2.) By email to: dbremerman@approachms.com