



Department of Labor & Industries
Retrospective Rating
P.O. Box 44180
Olympia, WA 98504-4180

Date: _____

Please release all historical workers' compensation claims and premium data to CareWorksComp and its representatives for the following company:

FIRM NAME

ACCOUNT I.D.

This authorization includes access to the Claim and Account Center (CAC) to review all premium paid, hours reported, and 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:** _____

Please email this letter to info@careworkscorp.com or fax to 888-837-3288.