

Release of Claim Information

Company Name(s): _____

L & I Account Number(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone Number: _____

I authorize the WCLA, Inc. to act as my third party claims administrator for L & I claims with a date on injury from 7/1/2015 through 6/30/2016.

I request that the claims mailing address be listed as:

WCLA, Inc.
PO Box 2168
Olympia, WA 98507

I also request that WCLA, Inc. have access to our company's on-line claim information from the L & I Claim & Account Center.

Print Name of owner: _____

Signature of owner: _____ Date: _____