

# 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 This authorization is effective immediately and granted from the date of the signature or until withdrawn through our written notification to the department or Approach.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 Building North Central Washington:**

- 1.) By fax, Attn: Retro Program, (509) 665-6669
- 2.) By email to: [info@buildingncw.org](mailto:info@buildingncw.org)