



RETAIL
ASSOCIATION
SERVICES Inc.

Retail Association Services, Inc.

Workers Compensation Retrospective Ratings Program

"If you would like to learn more about how your company can improve the safety record, reduce premiums, and receive a portion of your workers' compensation premiums back in the form of a refund, please fill out the form below and fax or email it to my contact information below. This will allow me to confirm your eligibility, and to provide you with costs, savings, and ROI information. There is no obligation or charge for this service."

- Brittany Shannon

TEMPORARY AUTHORIZATION FOR RELEASE OF INFORMATION

The Washington Retail Association recognizes this document as PRIVILEGED AND CONFIDENTIAL information

Authorization is hereby given to the Department of Labor and Industries to provide our company's claim history, gross premiums paid, losses, statistics, experience modification factor and related industrial insurance claim data to Retail Association Services, Inc. / Washington Retail Association. This authorization is effective immediately for one year from the date of signature or until withdrawn through notification to the department.

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

L&I Account Number: _____ UBI Number: _____

From: "Employer's Quarterly Report of Hours for Industrial Insurance"

Telephone #: _____ Fax #: _____

Email Address: _____

Signature of Company Official: _____ Date: _____

Printed Name of Company Official: _____ Title: _____

Please fax or email authorization form to:

**ATTN: Brittany Shannon
Business Development Manager
bshannon@waretailservices.com
(360) 429-0017**