



Retro

618 South Quince, Suite A • P.O. Box 2227 • Olympia, WA 98507-2227
In-state (800) 752-9552 • (360) 943-9198 • Fax: (360) 943-1032

Following is an authorization form for the release of your company's workers' comp information from the Department of Labor and Industries. To ensure the continued success of the W.R.A.'s Retro Program, *only* companies that have a positive experience rating are considered for enrollment into the program.

Over 900 stores are now receiving refunds through the WRA Retro Program, including companies like:

- Best Buy, Inc.
- Tire Distribution Systems, Inc.
- Ikea of Seattle
- Industrial Tire Service of WA
- Ikea Wholesale Dist.
- Shaub Ellison
- Nike USA
- Lake City Auto – NAPA
- The Gap
- Harley Davidson of Seattle

For a complete review of your refund potential, complete this form and fax to:

Pat Nielsen at (360) 943-1032
Retail Association Services, Inc.
P.O. Box 2227
Olympia, WA 98507-2227
(360) 943-9198 ext. 14
director@retailassociationservices.com

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Washington Retail Association
TEMPORARY AUTHORIZATION FOR RELEASE OF INFORMATION

Authorization is hereby given to the Department of Labor and Industries to provide our company's claim history, premiums, losses, statistics, experience modification factor and related industrial insurance data to Retail Association Services, Inc. / Washington Retail Association. Please also grant access to the Claim and Account Center website for review of our claim and account activity. This authorization is effective immediately and granted for one year from date of signature or until withdrawn through written notification to the Department.

Company Name: _____ Chamber Affiliation: _____

Address: _____ City: _____ State: _____ ZIP: _____

L & I Account Number _____ UBI: _____

(from Department of Labor and Industries form "Employer's Quarterly Report of Hours for Industrial Insurance")

Gross Retail Sales in Washington: _____

Signature of Company Official: _____ **Date:** _____

Name of Company Official: _____ **Title:** _____

Telephone #: () - _____ Fax #: () - _____

Email: _____