



*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."*

*- Terry Hopsecger*

**TEMPORARY AUTHORIZATION FOR RELEASE OF INFORMATION**

*The WRA 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 This authorization is effective immediately for one year from the date of signature or until withdrawn through notification to the department.**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"*

Signature of Company Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Company Official: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please fax or email authorization form to:**

**ATTN: Terry Hopsecger  
Director of Business Development**

[terry@retailassociationservices.com](mailto:terry@retailassociationservices.com)

**888-512-1676 (Fax)**

**360-943-9198 ext: 24**

**360-200-6453 (Direct)**