Washington State Department of
Labor & Industries

Quarterly Reporting System

Presented by Sandy Craypo

- Extraterritorial Coverage
- View Employer Account & Claims Information
- Rates & Risk Classes
- Reducing Premiums
- Workers' Comp Injury Data & Statistics
- Verify Workers' Comp Coverage
- Insurance Forms & Publications

- Self-Insurance
- Help for Crime Victims
- WACs & RCWs

Three ways to file your quarterly report online

Contact Us

Join this e-mail list

	Quick File File online for current quarter	Claim & Account Center File online, plus manage your account	Bulk File File online via Secure File Transfer
No sign-up required	✔	–	
View past quarterly reports	–	✔	
Auto-calculate premium totals	✔	✔	
Manage or update your account	–	✔	
View rates and risk class information	–	✔	
Make online payments	✔	✔	✔
Get online help	✔	✔	–
Submit supplemental reports	–	✔	–
Submit amended report request	–	✔	–
Submit late report request	–	✔	–
File multiple accounts in 1 file	–	–	✔
	L&I Account ID: 8 digits (xxx,xxx-xx) WA UBI: 9 digits (xxx xxx xxx) File	Already signed up? Login New user? Sign up now. (Secure Access WA) Digital Certificate user? Login (Transact WA)	Instructions for bulk filing of Quarterly Reports

Digital Certicate users, switch to a FREE user ID and password.

Web Customer Support: WebSupport@Lni.wa.gov or call 360-902-5999 (Weekdays 8 a.m to 5 p.m. Pacific)

State agencies can only file via Claim & Account Center

Labor and Industries

Home | Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

Claim & Account Center L&I Secured | My profile | Logged in as: Express Test2 | Log o

- Welcome
- Employer accounts
  - Employer Accounts
  - Quarterly Reports
  - Account Summary
  - Rates and Risk Classes
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  - Employer imaged documents

Employer Accounts

Accounts for TEST STATE AGENCY

Click column header to sort

You can now sort all columns by clicking column headers

Added 'Filing Status' column which will show if status is Ready to file, Saved or Filed

UBI	Account		Business Name	Filing Status	Account Status	Status Effective Date
342008832	056,087-06	Quarterly reports	TEST STATE AGENCY 6	Ready to File	Active	01-01-1994
342008832	056,087-07	Quarterly reports	TEST STATE AGENCY 7	Saved	Active	01-01-1994
342008832	056,087-08	Quarterly reports	TEST STATE AGENCY 8	Ready to File	Active	01-01-1994
342008832	056,087-09	Quarterly reports	TEST STATE AGENCY 9	Ready to File	Active	01-01-1994
342008832	056,087-10	Quarterly reports	TEST STATE AGENCY 10	Ready to File	Active	01-01-1994
342008832	056,087-11	Quarterly reports	TEST STATE AGENCY 11	Ready to File	Active	01-01-1994
342008832	056,087-12	Quarterly reports	TEST STATE AGENCY 12	Ready to File	Active	01-01-1994
342008832	056,087-13	Quarterly reports	TEST STATE AGENCY 13	Ready to File	Active	01-01-1994
342008832	056,087-15	Quarterly reports	TEST STATE AGENCY 15	Ready to File	Active	01-01-1994
342008832	056,087-16	Quarterly reports	TEST STATE AGENCY 16	Ready to File	Active	01-01-1994
342008832	056,087-17	Quarterly reports	TEST STATE AGENCY 17	Ready to File	Active	01-01-1994
342008832	056,087-18	Quarterly reports	TEST STATE AGENCY 18	Ready to File	Active	01-01-1997
342008832	056,087-19	Quarterly reports	TEST STATE AGENCY 19	Ready to File	Active	01-01-1997

< >

13 accounts

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1st Quarter: **January 1, 2009 - March 31, 2009** Due Date: **4/30/2009**

TEST STATE AGENCY 7
C/O OFFICE OF HUMAN RESOURCES
PO BOX 11111
OLYMPIA, WA 98504

WA UBI **342 008 832**
L&I Account ID **056,087-07**
Phone Number

Account Manager:

☐ I want to request a mailing address or phone change
☐ Please close this account.

YOU HAVE "NOT" ELECTED COVERAGE FOR EXEMPT CORPORATE OFFICERS, EXEMPT LIMITED LIABILITY MEMBERS, OWNERS OR PARTNERS. HOURS/UNITS FOR THESE INDIVIDUALS MUST NOT BE REPORTED

Enter payroll and worker hours to calculate the premium owed this quarter. No employees this quarter?

Class Code	Nature of Work	Gross Payroll (Nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
4902-00	State Govt: Clerical/Admin Ofc	$ 1000	100	0.3474	$34.74
5300-00	State Govt - Admin Field Staff	$ 0	0	0.3533	$0.00
5307-00	State Government NOC	$ 0	0	1.4110	$0.00

Total of premiums **$34.74**
Previous balance **$0.00**
Grand total **$34.74**

Enter the preparer's name and contact information in case there are problems with this report.
* Indicates required field

Preparer: * Express Test (first and last)

Daytime phone: * 360 - 902 - 9113 ext.

E-mail: * exftesting@gmail.com

☑ The information in this report I am submitting is true to the best of my knowledge.

Choose the method of payment for the premiums owed. We're sorry, we cannot accept debit and credit cards.

○ Payment not required.
○ Washington State Interagency Payment (IAP).

Click to Submit -> Submit | Preview | Save & Complete Later | Cancel

NEW! Save & Complete Later feature

Pop up message will display to confirm that you wish to continue with saving your report

Labor and Industries

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AMENDED REPORT REQUEST

4th Quarter: October 1, 2008 - December 31, 2008 Due Date: 3/5/2009

TEST STATE AGENCY 7
C/O OFFICE OF HUMAN RESOURCES
PO BOX 11111
OLYMPIA, WA 98504

WA UBI 342 008 832
L&I Account ID 056,087-07
Phone Number

Account Manager:

YOU HAVE "NOT" ELECTED COVERAGE FOR EXEMPT CORPORATE OFFICERS, EXEMPT LIMITED LIABILITY MEMBERS, OWNERS OR PARTNERS. HOURS/UNITS FOR THESE INDIVIDUALS MUST NOT BE REPORTED

Enter payroll and worker hours to calculate the premium owed this quarter. No employees this quarter?

Class Code	Nature of Work	Gross Payroll (Nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
4902-00	State Govt: Clerical/Admin Ofc	$ 567919	19753	0.3527	$6,966.88
5300-00	State Govt - Admin Field Staff	$ 1197555	31894	0.3527	$11,249.01
5307-00	State Government NOC	$ 1171700	32422	1.4551	$47,177.25
7204-00	Preferred Workers	$ 0	0	0.0782	

Total Premiums $65,393
Total Previously Reported $65,393.
Amount Difference $0.00

Continue | Cancel

Entry page for Amended Report Request

Just type over the originally reported Gross Payroll/Worker Hours

AMENDED REPORT REQUEST

4th Quarter: **October 1, 2008 - December 31, 2008** Due Date: **3/5/2009**

TEST STATE AGENCY 7
C/O OFFICE OF HUMAN RESOURCES
PO BOX 11111
OLYMPIA, WA 98504

WA UBI **342 008 832**
L&I Account ID **056,087-07**
Phone Number

Account Manager:

Change Information

Class Code	Nature of Work	Gross Payroll (Nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
4902-00	State Govt: Clerical/Admin Ofc	567919	20000	0.3527	$7,054.00
5300-00	State Govt - Admin Field Staff	1197555	31894	0.3527	$11,249.01
5307-00	State Government NOC	1171700	32422	1.4551	$47,177.25
7204-00	Preferred Workers	0	0	0.0783	$0.00

Total Premiums	$65,480.26
Total Previously Reported	$65,393.14
Amount Difference	$87.12
Penalty	$14.36
Interest	$1.74
Amount Due	$103.22

If Penalty & Interest due it will display after selecting to "Continue"

An amount due is displayed. However, the actual amount due may be adjusted due to other account balance information the department has on record.

Enter the preparer's name and contact information in case there are problems with this report.
* Indicates required field

Preparer: * Express Test2 (first and last)

Daytime phone: * 360 - 902 - 9113 ext.

E-mail: * exftesting@gmail.com

☐ The information in this report I am submitting is true to the best of my knowledge.

Choose the method of payment for the premiums owed. We're sorry, we cannot accept debit and credit cards.

○ Payment not required.
○ Washington State Interagency Payment (IAP).

Click to Submit -> **Submit** **Cancel**

Confirmation #, Account ID and Account Manager has been added to Quarterly Report confirmation page

Text has been added and clicking “print” will open a ‘Print Dialog’ box

Labor and Industries | Home | Safety | Claims & Insurance | Workplace Rights | Trades & Licensing

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You have successfully submitted your request.

Please print this page for your records.

TEST STATE AGENCY 7 - Q4/2008 Amended Report Request

Confirmation #:	11763
Received on:	3/5/2009 11:00:35 AM
Submitted by:	Express Test
Account ID:	056,087-07
Account Manager:	

Print Amended Report Request

- **Please allow up to 14 working days for your account manager to review and consider your request.**
- Please help us manage our incoming phone volume by refraining from calling the department to confirm receipt of this request.
- If we need to respond, we will contact you by phone or letter.

TO COMPLETE YOUR AMENDED REPORT REQUEST, PLEASE FOLLOW THE INSTRUCTIONS BELOW. YOUR REQUEST WILL NOT BE PROCESSED UNTIL WE HAVE RECEIVED THE REQUIRED ADDITIONAL DOCUMENTATION:

- For all requests you must submit a letter to the department with an explanation for your Amended Report Request immediately following submittal.
- If your request will result in a refund/credit due you must submit supporting documentation and/or working papers immediately following submittal.
- Please include your L&I Account ID and the Confirmation Number shown at the top of this page and the word "Amended" on each page of your documentation.
- Please fax or mail your letter and all supporting documentation (if a refund/credit is due) to:
  - Fax: (360) 902-4633
  - Department of Labor & Industries, PO Box 44140, Olympia, WA 98504-4140
- If you have questions, your Account Managers phone number can be found above.

What do you want to do next?

> View or file quarterly reports
> Look up rates and risk classes
> Check account status
> Update account information

Accountants

> Go back to my account list

Washington State Department of
Labor & Industries

Submit Date: 3/5/2009

AMENDED REPORT REQUEST

4th Quarter: October 1, 2008 - December 31, 2008 Due Date: 3/5/2009

TEST STATE AGENCY 7
C/O OFFICE OF HUMAN RESOURCES
PO BOX 11111
OLYMPIA, WA 98504

WA UBI 342 008 832
L&I Account ID 056,087-07
Phone Number

Account Manager:

Class Code	Nature of Work	Gross Payroll (Nearest $)	Worker Hours (or units)	Rate Per Hour	Amount Owed
4902-00	State Govt: Clerical/Admin Ofc	567919	20000	0.3527	$7,054.00
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5307-00	State Government NOC	1171700	32422	1.4551	$47,177.25
7204-00	Preferred Workers	0	0	0.0782	$0.00

Total Premiums	$65,480.26
Total Previously Reported	$65,393.14
Amount Difference	$87.12
Penalty	$14.36
Interest	$1.74
Amount Due	$103.22

An amount due is displayed. However, the actual amount due may be adjusted due to other account balance information the department has on record.

Preparer's Information	
Preparer	Express Test
DayTime Phone	360-902-9113
Email	exftesting@gmail.com
Payment Information	
Method of payment	IAP

"Submit Date" added to printable view of Quarterly Report

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Quarterly Reports

Enter Account ID

05608707

Get Account

Account ID	056,087-07
Business name	TEST STATE AGENCY 7
Account manager	KHANH TRAN 360-902-4802

Status will show as "Saved" if the Quarterly Report has been saved

Reports to be Filed

Quarter	Due Date	Days Left to File Without Penalty	Status	
Q1-2009	04-30-2009	57	Saved	File Report

Note: Reports are considered to be overdue after the filing due date.

Quarterly Report Due Dates

How does L&I calculate penalties and interest on overdue filings?

NEW! Amend Report feature

Filing History

NOTE: Information displayed may not be your most currently submitted information. Plea
allow the department time to process your information.

Quarter	Date Filed	Filing Method	Views	Actions
Q4-2008	02-04-2009	Paper	View Detail	Amend Report
Q3-2008	11-06-2008	Paper	View Detail	Amend Report
Q2-2008	08-08-2008	Paper	View Detail	Amend Report
Q1-2008	05-08-2008	Paper	View Detail	Amend Report
Q4-2007	02-08-2008	Paper	View Detail	Amend Report
Q3-2007	11-08-2007	Paper	View Detail	Amend Report

This screen normally displays 18 months of data. For access to archived data, please contact your Account Manager.

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    - Owners and Addresses
    - Account Update
  - Rates and Risk Classes
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  - Employer imaged documents

Account Update

Request a change to your **L&I account** information

- Ownership change.
- Nature of work/risk class change.
- Business closure.
- Doing business as (DBA).
- Add a new business location.
- Change a business address.
- Setup or change electronic funds transfer.
- Signup for e-mail reminders.

Change your **online profile**:

- Update your e-mail address.
- Add or delete users to the account.

Account Update requests can be submitted by clicking these links

Department of LABOR AND INDUSTRIES

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Questions?

Washington State Department of
Labor & Industries

Claim & Account Center

Trend Reports & Cost Analysis Calculator

Entrance : Claim & Account Center - Microsoft Internet Explorer

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Address http://www.lni.wa.gov/ORLI/LoGon.asp Go Links

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Find a Law (RCW) or Rule (WAC) | Get a form or publication | Help

Entrance : Claim & Account Center

The center is a secure Web site to check the status of a workers' comp claim or an employer account with L&I. **New!** Onli
filing of your quarterly report.

Claims inactive for 18+ months or Crime Victims claims **are not** in the Claim & Account Center.

Returning users with ID and password:

Enter Here

Returning users with Digital Certificates LOG IN HERE.
Or, switch to a free user ID and password.

Free sign up with Secure Access Washington:

Sign up

Questions? Refer to the right column.
Get sign-up instructions.

Trend and Analysis Tools.

Common Questions:

Who can use the Claim & Account Center?
What can I do at the Claim & Account Center?
How can I get access?
What information do I need to sign up?
How do I get help signing up?

The Claim & Account Center is closed for maintenance from:
11:30 p.m. Monday through Saturday nights to 6 a.m. the next morning.
6 p.m. every Sunday night to 6 a.m. Monday morning.

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Local intranet

User Guides and Frequently Asked Questions can be located at www.lni.wa.gov/ORLI/LoGon.asp

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- Claim payments
- Employer accounts
- Retro group administrator
- Self insured information

Claim information

- Check the status of a claim
- Search for a claim
- View time loss payments
- Read claim file notes
- View claim imaged documents DoitOnline!
- What is covered under this claim?
- Look up medical bills & payments
- Send information to L&I DoitOnline!

more claim topics

Employer accounts

- What is the status of my account?

more employer account topics

Retro group administrator

- Download retro reports
- What is my retro status?

more retro admin. topics

Go directly to ...

- Claim status
- Employer account status
- Retro group profile

Get

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Trend and Analysis Tools
Trend Reports
Cost Analysis Calculator
Employer imaged documents

Trend and Analysis Tools

Trend Reports

Request a report to assist you in analyzing claim trends and statistics to help manage your employer account.

Cost Analysis Calculator

Use this estimator calculator to perform cost analysis to compare avoided claim cost to additional premiums. *Note: Current version of the Cost Analysis Calculator does not reflect the Claim-Free Discount.*

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Request Report Data

Enter Account ID

Get Account

Account ID	
Business name	
Account manager	JANE DOE 360-123-4567

Requesting report data

Please allow 1 business day to compile your report data. You will receive an e-mail notification at xxxxxxxx@xxxxxxx.net when your data is ready. Please update your e-mail address if this is not correct.

Click to request report data Request Data

Reports Available:

- Account Hours and Number of Employees by Quarter
- Claims by Shift and Day of Week
- Claim Cost and Count by Body Part/Nature/Type
- Percentage of Claims by **Type** of Claim
- Percentage of Claims by **Cost** of Claim
- Comparing Premiums Paid at Experience Factor vs. Base Rate (1.0000)
- Customized Claim Details

You have the option of updating your e-mail address. We will use this e-mail address to notify you when data is available.

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Enter Account ID

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Account ID	
Business name	
Account manager	JANE DOE 360-123-4567

Requesting report data

Please allow 1 business day to compile your report data. You will receive an e-mail notification at xxxxxxxx@xxxxxxx.net when your data is ready. Please update your e-mail address if this is not correct.

Click to request report data Request Data

Viewing report data

We have received your request for the following account: xxx,xxx-xx . Your reports will be available on 10/25/2008 at 6:00 AM.

Return to this page after 10/25/2008 6:00 AM where you can select the report(s) you want to view. Reports are available for 7 days.

Reports Available:

- Account Hours and Number of Employees by Quarter
- Claims by Shift and Day of Week
- Claim Cost and Count by Body Part/Nature/Type
- Percentage of Claims by **Type** of Claim
- Percentage of Claims by **Cost** of Claim
- Comparing Premiums Paid at Experience Factor vs. Base Rate (1.0000)
- Customized Claim Details

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  - Employer imaged documents
- Retro group administrator
- Self insured information

Request Report Data

Enter Account ID

Get Account

Account ID

Business name

Account manager JANE DOE 360-123-4567

Viewing report data

Your report data for account XXX,XXX-XX is available.

Click to view report data View Data

Reports Available:

- Account Hours and Number of Employees by Quarter
- Claims by Shift and Day of Week
- Claim Cost and Count by Body Part/Nature/Type
- Percentage of Claims by **Type** of Claim
- Percentage of Claims by **Cost** of Claim
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Request report query

Account ID	
Business name	
Account manager	JANE DOE 360-123-4567

Return to Trend and Analysis Tools page

Choose a date range and select the check box next to the report title(s) you want.

Request reports

Date range MM-DD-YYYY to MM-DD-YYYY

- All reports below
- Account Hours and Number of Employees by Quarter
- Claims by Shift and Day of Week
- Claim Cost and Count by Body Part/Nature/Type
- Percentage of Claims by Type of Claim

The pie chart and bar graph represents a summary of workers' compensation claims for your company broken out by accident type. These types are grouped by event or exposure, which describes the manner in which the injury or illness was inflicted by the source.

Close

- Percentage of Claims by Cost of Claim
- Comparing Premiums Paid at Experience Factor vs. Base Rate (1.0000)
- Customized Claim Details

Click to view > View Reports

To view the report descriptions, click on any one of the question marks.
To close description box, click the question mark again or select the close option in the bottom right corner.

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Request report query

Account ID	
Business name	
Account manager	JANE DOE 360-123-4567

Return to Trend and Analysis Tools page

Choose a date range and select the check box next to the report title(s) you want.

Request reports

Date range MM-DD-YYYY to MM-DD-YYYY

- All reports below
- Account Hours and Number of Employees by Quarter
- Claims by Shift and Day of Week
- Claim Cost and Count by Body Part
- Percentage of Claims by Type of Claim
- Percentage of Claims by Cost of Claim
- Comparing Premiums Paid at Experience Factor vs. Base Rate (1.0000)
- Customized Claim Details

Click to view > View Reports

Step 1.
Enter a date range. You have two options; you may enter your date range in the blank field or select a date from the calendar.

Step 2.
Select the reports you wish to view. You may choose multiple reports at one time.

Step 3.
Select the 'View Reports' button.

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Account manager ROBERT SCRIBNER 360-902-4679

Return to Trend and Analysis Tools page

Choose a date range and select the check box next to the report title(s) you want.

Request reports

Date range MM-DD-YYYY 09-01-2008 to MM-DD-YYYY 11-03-2008

- [ ] All reports below
- [ ] Account Hours and Number of Employees by Quarter
- [ ] Claims by Shift and Day of Week
- [ ] Claim Cost and Count by Body Part/Nature/Type
- [ ] Percentage of Claims by Type of Claim
- [ ] Percentage of Claims by Cost of Claim
- [ ] Comparing Premiums Paid at Experience Factor vs. Base Rate (1.0000)
- [x] Customized Claim Details

For your Customized Claim Details report select one or more of the options below for which you would like to view.

- [ ] Claim Number
- [ ] Claimants Name
- [ ] Claim Type
- [ ] Date of Injury
- [ ] Time of Injury
- [ ] Age
- [ ] Gender
- [ ] Kept On Salary
- [ ] Claimants Occupation
- [ ] Length of Employment
- [ ] Body Part
- [ ] Time Loss Days
- [ ] Associated Object
- [ ] Closed Date
- [ ] Nature of Injury
- [ ] Class Code
- [ ] Provider Name
- [ ] Third Party
- [ ] Accident Type
- [ ] Claim Status

Claim Costs

- [ ] Medical Aid
- [ ] Time Loss
- [ ] PPD
- [ ] Other Costs
- [ ] Future Reserves
- [ ] Estimated Claim Costs
- [ ] Misc. Accident Fund
- [ ] Incurred Cost To Date

Click to view > View Reports

Export Option

Print Option

1 / 1 100%

ACCOUNT HOURS & NUMBER OF EMPLOYEES BY QUARTER

Calendar Year	Qtr	Total Premium Assessed	Total Reported Hours	Claim Count	Total # of Time Loss Claims	Total Approx # of Employees
2007	1	$108,455.78	230,053	4	0	460
	2	$119,426.57	246,667	11	4	493
	3	$77,285.03	246,177	17	2	492
	4	$77,890.90	253,381	9	1	507
Total:		**$383,058.28**	**976,278**	**41**	**7**	**488**
2008	1	$119,171.67	227,927	13	2	456
	2	$0.00	0	9	1	0
Total:		**$119,171.67**	**227,927**	**22**	**3**	**228**
Grand Total:		**$502,229.95**	**1,204,205**	**63**	**10**	**401**

1 / 1 100%

ACCOUNT HOURS & NUMBER OF EMPLOYEES BY QUARTER

Report is for dates between 01-01-2006 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Calendar Year	Qtr	Total Premium Assessed	Total Reported Hours	Claim Count	Total # of Time Loss Claims	Total Approx # of Employees
2006	1	$395,347.42	702,302	15	4	1,405
	2	$410,301.99	720,918	29	12	1,442
	3	$408,228.57	704,922	20	6	1,410
	4	$412,420.39	723,821	22	4	1,448
Total:		**$1,626,298.37**	**2,851,963**	**86**	**26**	**1,426**
2007	1	$472,721.12	746,626	24	6	1,493
	2	$478,707.29	751,482	20	6	1,503
	3	$320,379.12	744,960	14	6	1,490
	4	$310,483.60	727,578	16	5	1,455
Total:		**$1,582,291.13**	**2,970,646**	**74**	**23**	**1,485**
2008	1	$544,050.96	764,345	24	5	1,529
	2	$547,173.75	774,103	22	8	1,548
	3	$519,524.18	757,937	26	5	1,516
	4	$472,291.12	700,382	19	5	1,401
Total:		**$2,083,040.01**	**2,996,767**	**91**	**23**	**1,499**
2009	1	$0.00	0	2	1	0
Total:		**$0.00**	**0**	**2**	**1**	**0**
Grand Total:		**$5,291,629.51**	**8,819,376**	**253**	**73**	**1,357**

Note: Quarterly approximate # of employees is calculated by total reported hours / 500 work hours (round number).

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Print Option

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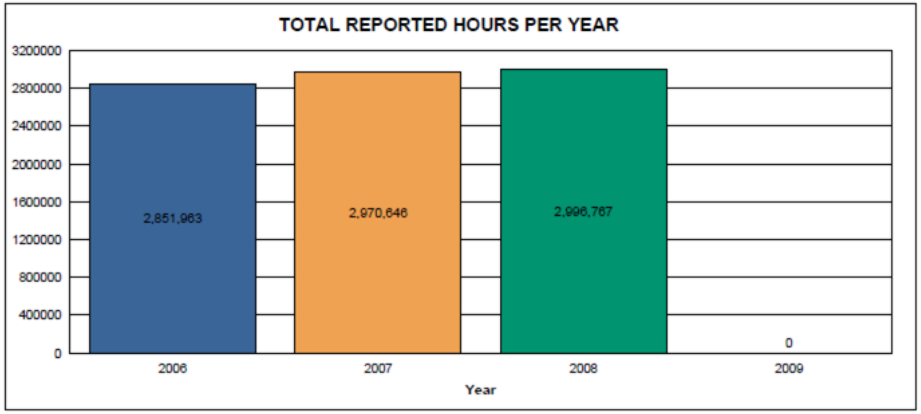
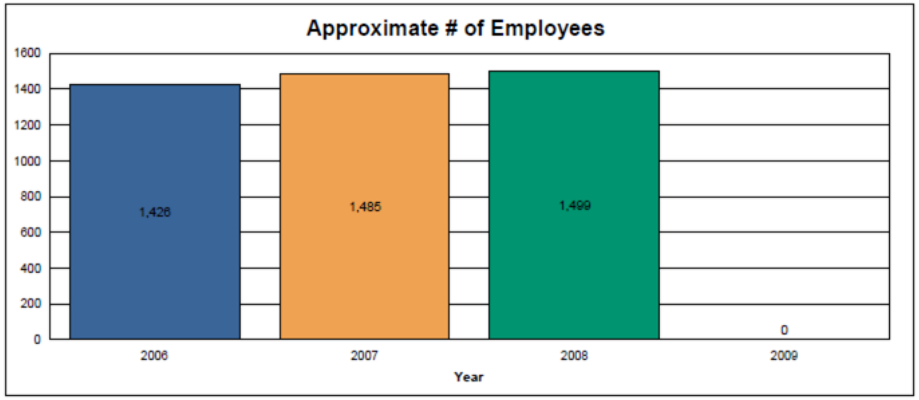
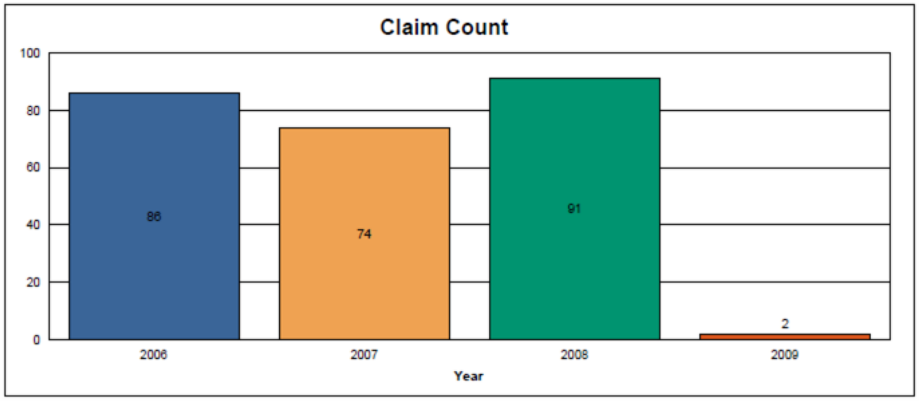
ACCOUNT HOURS & NUMBER OF EMPLOYEES BY YEAR

Report is for dates between 01-01-2006 and 02-18-2009 for account

Note: Data is current as of 02-13-2009







1 / 1 100%

CLAIMS BY SHIFT & DAY OF WEEK

Report is for all claims between 11-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Year	Shift	Class Code	Claim #	Claimants Name	Claimants Occupation	Accident Type	Day Of Week
2008	11:31PM-7:30AM	5307-00			NONCLASSIFIABLE	STRUCK AGAINST OBJECT	WED
2008	11:31PM-7:30AM	5307-00			INSTALLATION, MAINTENANCE,	BODILY REACTION	SAT
2008	3:31PM-11:30PM	5307-00			MOBILE HEAVY EQUIP MECHANI	OVEREXERTION	SAT
2008	7:31AM-3:30PM	5307-00			INSTALLATION, MAINTENANCE,	STRUCK BY OBJECT	MON
2008	7:31AM-3:30PM	5307-00			HIGHWAY MAINTENANCE WORKER	HIGHWAY ACCIDENT	MON
2008	7:31AM-3:30PM	5307-00			ENGINEERS, ALL OTHER	FALL ON SAME LEVEL	TUE
2008	7:31AM-3:30PM	4902-00			ACCOUNTANTS AND AUDITORS	OVEREXERTION	TUE
2008	7:31AM-3:30PM	5307-00			INSTALLATION, MAINTENANCE,	EXPOSURE TO CAUSTIC, NOXI	TUE
2008	7:31AM-3:30PM	5307-00			AUTOMOTIVE MECHANICS AND S	OVEREXERTION	TUE
2008	7:31AM-3:30PM	5307-00			INSTALLATION, MAINTENANCE,	NONCLASSIFIABLE	WED
2008	UNKNOWN	5307-00			INSTALLATION, MAINTENANCE,	NONCLASSIFIABLE	FRI
2009	11:31PM-7:30AM	5307-00			AUTOMOTIVE MECHANICS AND S	HIGHWAY ACCIDENT	FRI
2009	7:31AM-3:30PM	5307-00			OPERATING ENGINEERS AND OT	OVEREXERTION	MON

'Unavailable' is displayed when there is a delay in time between receipt of the claim and logging of the injury details.
'Nonclassifiable' is displayed in cases where there is insufficient information to classify the injury details.

1 / 1 100%

CLAIMS BY SHIFT & DAY OF WEEK

Report is for all claims between 11-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Year	Day Of Week	Count
2008	MON	2
2008	TUE	4
2008	WED	2
2008	FRI	1
2008	SAT	2
2009	MON	1
2009	FRI	1

1 / 1 100%

CLAIM COST & COUNT BY BODY PART/NATURE/TYPE

Report is for all claims between 01-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Claim Cost is total incurred cost to date

Accident Type	Nature of Injury	Body Part	Claim Type	2009		2008		2007		2006	
				Incurred Claim Cost	Claim Count	Incurred Claim Cost	Claim Count	Incurred Claim Cost	Claim Count	Incurred Claim Cost	Claim Count
BODILY CONDITIONS, N.E.C.	SYMPTOMS	BODY SYSTEMS	MEDICAL ONLY			$1,476	1				
			TOTAL:			**$1,476**	**1**				
BODILY REACTION	DIGESTIVE SYSTEM DISEASES	PELVIC REGION	MEDICAL ONLY			$156	1				
			TOTAL:			**$156**	**1**				
BODILY REACTION	TRAUMATIC INJURIES TO MUS	ANKLE(S)	MEDICAL ONLY			$1,270	1				
			MEDICAL ONLY			$1,638	1				
			TOTAL:			**$2,908**	**2**				
BODILY REACTION	TRAUMATIC INJURIES TO MUS	ANKLE(S)	TIME LOSS			$28,463	1				
			TIME LOSS			$341	1				
			TOTAL:			**$28,804**	**2**				
BODILY REACTION	TRAUMATIC INJURIES TO MUS	BACK, INCLUDING SPINE, SP	MEDICAL ONLY			$241	1				
			MEDICAL ONLY			$317	1				
			TOTAL:			**$558**	**2**				
BODILY REACTION	TRAUMATIC INJURIES TO MUS	LEG(S)	MEDICAL ONLY			$2,062	1				
			TOTAL:			**$2,062**	**1**				
BODILY REACTION	TRAUMATIC INJURIES TO MUS	MULTIPLE BODY PARTS	MEDICAL ONLY			$2,844	1				
			TOTAL:			**$2,844**	**1**				

'Unavailable' is displayed when there is a delay in time between receipt of the claim and logging of the injury details.
'Nonclassifiable' is displayed in cases where there is insufficient information to classify the injury details.

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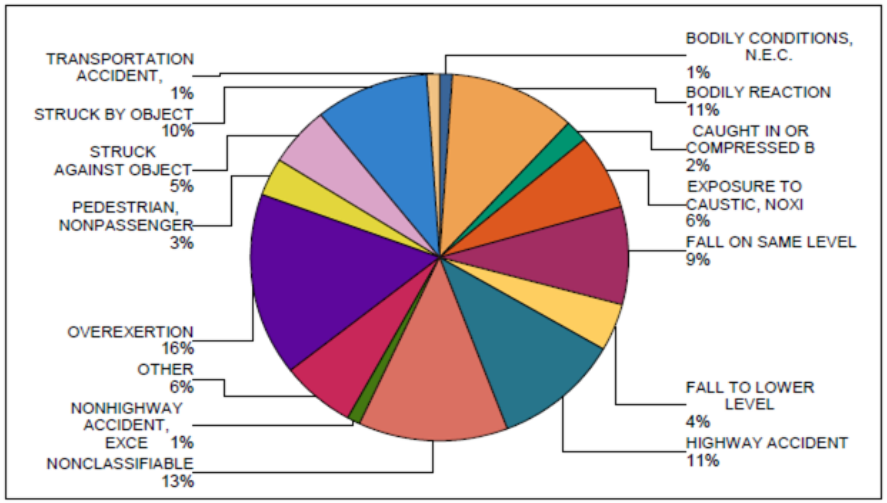
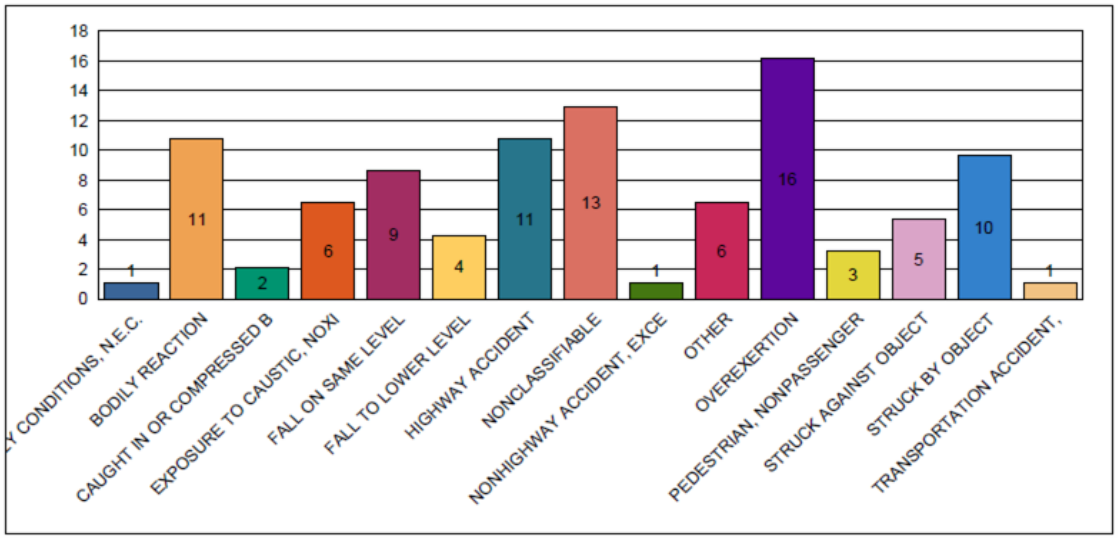
PERCENTAGE OF CLAIMS BY TYPE OF CLAIM

Report is for all claims between 01-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009





'Unavailable' is displayed when there is a delay in time between receipt of the claim and logging of the injury details.
'Nonclassifiable' is displayed in cases where there is insufficient information to classify the injury details.

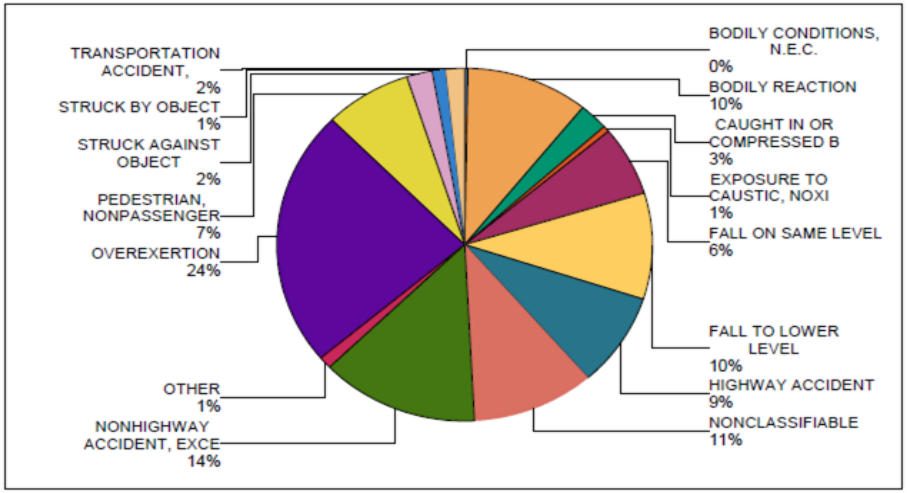
1 / 1 100%

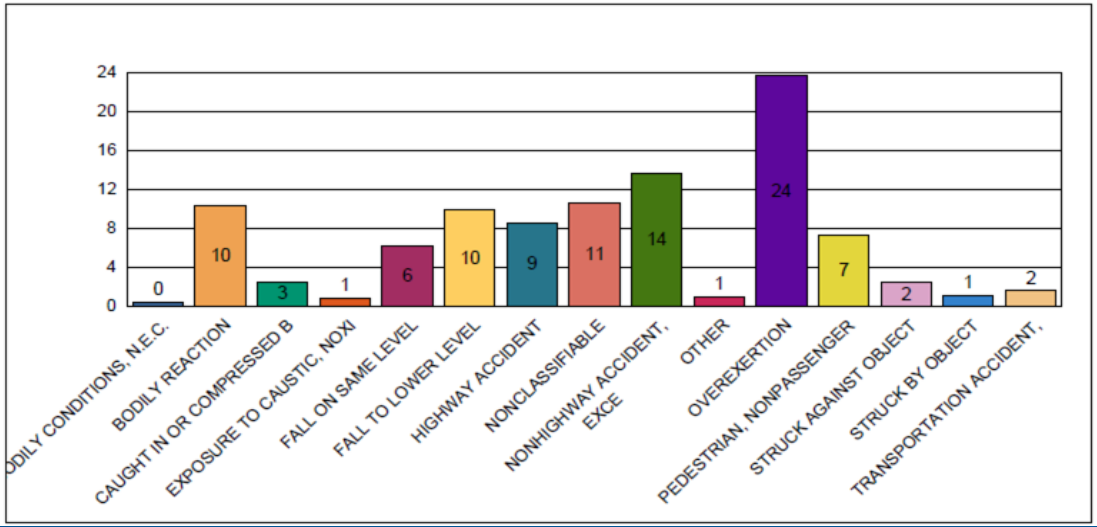
PERCENTAGE OF CLAIMS BY COST OF CLAIM

Report is for all claims between 01-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Claim Costs for Time Period $364,697.64





'Unavailable' is displayed when there is a delay in time between receipt of the claim and logging of the injury details.
'Nonclassifiable' is displayed in cases where there is insufficient information to classify the injury details.

1 / 1 100%

COMPARING PREMIUMS PAID AT EXPERIENCE FACTOR VS. BASE RATE 1.0000

Report is for dates between 01-01-2006 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

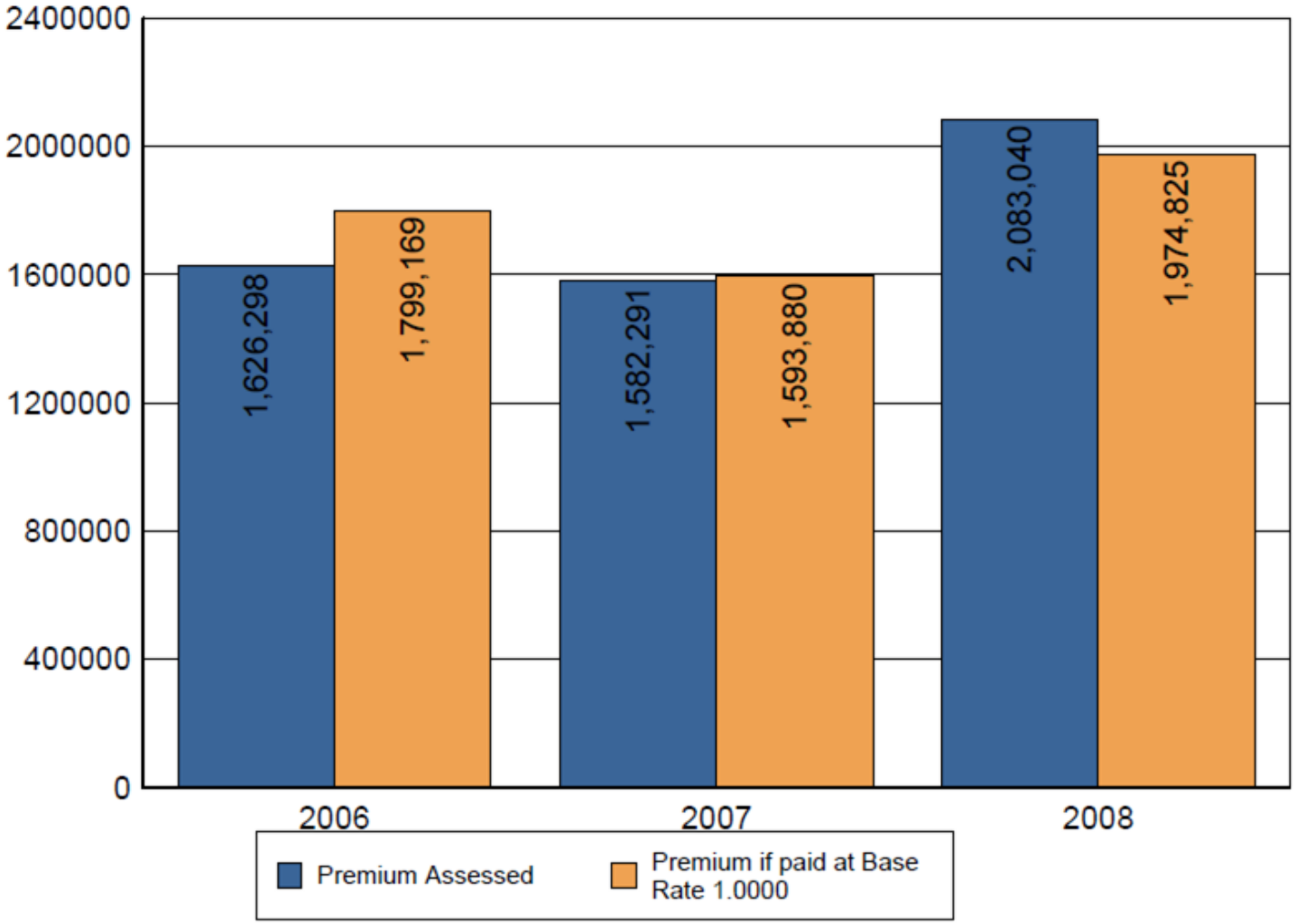
Effective Quarter	Experience Factor	Payroll Hours/Units Reported	Premium Assessed	Premium if Paid at 1.0000	Difference Compared to 1.0000
2006-1	0.8934	702,302	395,347.42	437,304.79	-41,957.37
2006-2	0.8934	720,918	410,301.99	453,908.24	-43,606.25
2006-3	0.8934	704,922	408,228.57	451,700.92	-43,472.35
2006-4	0.8934	723,821	412,420.39	456,255.36	-43,834.97
Annual Totals		**2,851,963**	**1,626,298.37**	**1,799,169.31**	**-172,870.94**
2007-1	0.9917	746,626	472,721.12	476,251.40	-3,530.28
2007-2	0.9917	751,482	478,707.29	482,285.27	-3,577.98
2007-3	0.9917	744,960	320,379.12	322,656.20	-2,277.08
2007-4	0.9917	727,578	310,483.60	312,687.30	-2,203.70
Annual Totals		**2,970,646**	**1,582,291.13**	**1,593,880.17**	**-11,589.04**
2008-1	1.0622	764,345	544,050.96	515,704.55	28,346.41
2008-2	1.0622	774,103	547,173.75	518,691.29	28,482.46
2008-3	1.0622	757,937	519,524.18	492,579.34	26,944.84
2008-4	1.0622	700,382	472,291.12	447,849.95	24,441.17
Annual Totals		**2,996,767**	**2,083,040.01**	**1,974,825.13**	**108,214.88**
2009-1	0.8949	0	0.00	0.00	0.00
Annual Totals		**0**	**0.00**	**0.00**	**0.00**
Final Totals		**8,819,376**	**5,291,629.51**	**5,367,874.61**	**-76,245.10**

1 / 1 100%

COMPARING PREMIUMS PAID AT EXPERIENCE FACTOR VS. BASE RATE 1.0000

Report is for dates between 01-01-2006 and 12-31-2008 for account

Note: Data is current as of 02-13-2009



CUSTOMIZED CLAIM DETAILS

Report is for all claims between 11-01-2008 and 02-18-2009 for account

Note: Data is current as of 02-13-2009

Date of Injury	Age	Class Code	Length of Employment	Nature of Injury	Accident Type	Incurred Cost To Date
11/5/2008	38	5307-00		MUSCULOSKELETAL SYSTEM AN	NONCLASSIFIABLE	$9,562.01
11/7/2008	48	5307-00	13 Year(s), 8 Months(s)	TRAUMATIC INJURIES TO MUS	NONCLASSIFIABLE	$11,328.47
11/18/2008	41	5307-00	4 Year(s), 6 Months(s)	TRAUMATIC INJURIES TO MUS	FALL ON SAME LEVEL	$144.90
11/19/2008	44	5307-00	12 Year(s), 6 Months(s)	TRAUMATIC INJURIES TO MUS	STRUCK AGAINST OBJECT	$7,448.40
11/25/2008	35	4902-00	2 Year(s), 4 Months(s)	TRAUMATIC INJURIES TO MUS	OVEREXERTION	$522.46
12/2/2008	37	5307-00	7 Months(s)	OTHER TRAUMATIC INJURIES	EXPOSURE TO CAUSTIC, NOXI	$333.45
12/2/2008	56	5307-00	1 Year(s), 10 Months(s), 14 days(s)	TRAUMATIC INJURIES TO MUS	OVEREXERTION	$812.27
12/20/2008	54	5307-00	23 Year(s)	TRAUMATIC INJURIES TO MUS	OVEREXERTION	$939.06
12/27/2008	49	5307-00	24 Year(s)	DIGESTIVE SYSTEM DISEASES	BODILY REACTION	$155.67
12/29/2008	25	5307-00	3 Year(s), 7 Months(s)	OTHER TRAUMATIC INJURIES	STRUCK BY OBJECT	$864.23
12/29/2008	59	5307-00	40 Year(s)	SURFACE WOUNDS AND BRUISE	HIGHWAY ACCIDENT	$543.40
1/5/2009	52	5307-00	27 Year(s)	TRAUMATIC INJURIES TO MUS	OVEREXERTION	$217.04
1/16/2009	40	5307-00	2 Months(s), 15 days(s)	TRAUMATIC INJURIES TO MUS	HIGHWAY ACCIDENT	$383.43

'Unavailable' is displayed when there is a delay in time between receipt of the claim and logging of the injury details.
'Nonclassifiable' is displayed in cases where there is insufficient information to classify the injury details.

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Employer Accounts
Quarterly Reports
Account Summary
Rates and Risk Classes
Trend and Analysis Tools
Trend Reports
Cost Analysis Calculator
Employer imaged documents

Trend and Analysis Tools

Trend Reports

Request a report to assist you in analyzing claim trends and statistics to help manage your employer account.

Cost Analysis Calculator

Use this estimator calculator to perform cost analysis to compare avoided ~~claim cost to~~ additional premiums. *Note: Current version of the Cost Analysis Calculator does not reflect the Claim-Free Discount.*

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  - Employer imaged documents
- Retro group administrator
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Cost Analysis Calculator

Enter Account ID

Get Account

Account ID

Business name

Account manager JANE DOE 360-123-4567

Disclaimer - Read before using the calculator

L&I offers this calculator for educational purposes only.

We do not guarantee that your premiums will be the same as what you estimate with the calculator. L&I is not responsible for any decisions you make based on this estimate.

If you have questions, contact your Account Manager, listed above.

By clicking 'Accept and Continue' below, you agree that you have read and understood the disclaimer and that you are ready to use the calculator.

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Use this calculator to estimate how claim costs impact your experience factor and premiums.
Note: Current version of the Cost Analysis Calculator does not reflect the Claim-Free Discount.

Data is current as of

Cost Analysis calculator

Select rating year: 2009	Get Ratings
Enter your estimated 2009 Premiums	$ 37873.68
Prior Year Experience Factor	0.6777
Computed Experience Factor	0.6716
Final Experience Factor	0.6716
3 Year Total Expected Losses	65374.12

Enter claim cost scenarios to see the impact on your experience factor and premiums.

Is the claim currently a medical-only claim? (no time-loss) ◉ No ○ Yes

Medical only claims are claims without disability benefits paid such as time loss, partial permanent disability, total permanent disability or death. If your scenario is for a claim that does not yet exist, select "Yes" for the purpose of this calculator.

Close

Enter the claim cost amount:	$ 2500.00
Do you anticipate this claim to be medical-only?	○ No ◉ Yes
Enter the anticipated claim cost amount:	$ 0

Click to calculate > Calculate

Scenario results

AVOIDED claim costs	$2,500.00
Reduced experience factor	0.6498
% of reduction	3.2
3 years of AVOIDED premiums	$3,688.12

Claims for rating year 2009 includes injury dates: 07-01-2004 thru 06-30-2007

Example of Reduced Experience Factor and Avoided Premiums

Results Calculations

% of reduction:
(Final Exp. Factor – Results Exp. Factor) / Final Exp. Factor

Premiums:
% of reduction X Estimated Premiums X 3

Example of Increased Experience Factor and Additional Premiums

Use this calculator to estimate how claim costs impact your experience factor and premiums.
Note: Current version of the Cost Analysis Calculator does not reflect the Claim-Free Discount.

Data is current as of

Cost Analysis calculator

Select rating year: 2009 Get Ratings

Enter your estimated 2009 Premiums	$ 37873.68
Prior Year Experience Factor	0.6777
Computed Experience Factor	0.6716
Final Experience Factor	0.6716
3 Year Total Expected Losses	65374.12

Enter claim cost scenarios to see the impact on your experience factor and premiums.

Is the claim currently a medical-only claim? (no time-loss)	○ No ◉ Yes
Enter the claim cost amount:	$ 0
Do you anticipate this claim to be medical-only?	◉ No ○ Yes
Enter the anticipated claim cost amount:	$ 1200.00

Click to calculate > Calculate

Scenario results

ADDITIONAL claim costs	$1,200.00
Increased experience factor	0.6821
% of increase	1.6
3 years of ADDITIONAL premiums	$1,776.39

Claims for rating year 2009 includes injury dates: 07-01-2004 thru 06-30-2007

Results Calculations

% of Increase:
(Results Exp. Factor - Final Exp. Factor) / Final Exp. Factor

Premiums:
% of Increase X Estimated Premiums X 3

Cost Analysis calculator

Select rating year: 2009 Get Ratings

Enter your estimated 2009 Premiums	$ 37873.68
Prior Year Experience Factor	0.6777
Computed Experience Factor	0.6716
Final Experience Factor	0.6716
3 Year Total Expected Losses	65374.12

Enter claim cost scenarios to see the impact on your experience factor and premiums.

Is the claim currently a medical-only claim? (no time-loss)	○ No ◉ Yes
Enter the claim cost amount:	$ 0
Do you anticipate this claim to be medical-only?	◉ No ○ Yes
Enter the anticipated claim cost amount:	$ 1200.00

Click to calculate > Calculate

Scenario results

ADDITIONAL claim costs	$1,200.00
Increased experience factor	0.6821
% of increase	1.6
3 years of ADDITIONAL premiums	$1,776.39

Claims for rating year 2009 includes injury dates: 07-01-2004 thru 06-30-2007

Below is a record of the claims assigned to this account that have been used to calculate your experience factor. These claim costs are the current claim values, the claim values used to calculate your experience factor can be found on your experience rating calculation sheet.

* Other Costs description

Fiscal Year	Claim #	Type Loss	Medical Aid	Time Loss	PPD	Other Costs	Incurred Cost To Date	Estimated Claim Cost
2005		Med Only	$2,086	$0	$0	$0	$2,086	$0
2005		Time loss	$13,355	$13,045	$0	$116	$26,516	$0
2005		Med Only	$149	$0	$0	$0	$149	$0
2005		Med Only	$4,646	$0	$0	$0	$4,646	$0
2005		Med Only	$0	$0	$0	$0	$0	$0
2005		Med Only	$362	$0	$0	$0	$362	$0
2005		Time loss	$567	$439	$0	$0	$1,007	$0

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Claims inactive for 18+ months or Crime Victims claims **are not** in the Claim & Account Center.

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The Claim & Account Center is closed for maintenance from:
11:30 p.m. Monday through Saturday nights to 6 a.m. the next morning.
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CONTACT INFORMATION AND REGISTRATION HELP

If you have not yet registered with the Claim & Account Center you will need to register your account through Secure Access Washington
https://secureaccess.wa.gov/

For assistance with Secure Access Washington registration call:
1-888-241-7597 (toll free) or 360-753-2454

Get help via e-mail from:
WebSupport@LNI.wa.gov

Get online help at:
Secure Access Washington (free users ID and password)
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Digital Signature Trust (digital certificate)
http://transact.wa.gov then select Customer Support

For questions, please call the Claim & Account Center Customer Support at 360-902-5999 (between 8 a.m. and 5 p.m.)

Contacts

- **Sandy Craypo**
  - **Email: rivt235@lni.wa.gov; (360) 902-4725**
- **Adrianne Pitts**
  - **Email: pitb235@lni.wa.gov; (360) 902-4788**