

Data Change Request

SIEDRS (Self-Insurance Electronic Data Reporting System)

Submission Options (choose one)

Managed File Transfer (MFT)

Step 1: Upload the completed Data Change Request from to your "Correspondence" folder using your SIEDRS Logon ID and password at <u>https://mft.wa.gov</u>.

Step 2: Email <u>SIEDRS@Lni.wa.gov</u> when you have uploaded a request. Include your SIEDRS login ID.

FaxMailAttention: SIEDRS
to 360-902-6977SIEDRS
PO Box 44890
Olympia WA 98504-4890

Claims data is confidential. Do not email Data Change Requests.

Send questions to SIEDRS@Lni.wa.gov.

Submitter Information (all fields required)					
SIEDRS Login ID (example: vst_sdr235):	Business Name:	Date:			
Contact Name:	Email Address:	Phone:			

	Request 1	Request 2	Request 3	Request 4
Account ID				
Employer				
Claim Number				
Worker Name				
Data Element to be Changed				
Change Value From				
Change Value To				
Reason for Change				

Attach supporting documents for each request.

For Department Use Only						
Department Decision						
Reason if not						
approved / notes						
Reviewer		Review Date				