

# 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<br/>to 360-902-6977SIEDRS<br/>PO Box 44890<br/>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				