



PROVIDER CHANGE FORM FOR CRIME VICTIMS COMPENSATION

Please read all instructions before completing the Provider Change Form.

1.) TAX ID Address/Name Change:

If you have a tax ID address/name change, please complete Form W-9, and mail or fax to Provider Accounts.

2.) Business Address: (Physical location of the business.)

Complete this section with your OLD and NEW business address. This is the physical location of your business. It cannot be a PO BOX.

3.) Billing Address: (If different than your physical location)

Complete this section with your OLD and NEW billing address. This is where payments should be mailed. If this is the same as your physical address write "same" in the box.

4.) Name Change:

Submit copy of new license showing name change. If your name change affects tax information refer to section 1 .

5.) Provider Account Termination:

Please complete the reason for Provider Account termination, name of provider to be terminated, provider number, Tax ID number and effective date of termination.

Tax ID Number Change:

If you have a tax ID number change, please complete a new provider application and Form W-9 and return it to the appropriate address on the form. Please include a list of all providers with their provider account numbers who should be changed to the new tax ID number. The Form W-9 must show the effective date of the change.

Forms referenced above can be located on the Internet at:

<http://www.lni.wa.gov/ClaimsIns/CrimeVictims/FormPub>



**PROVIDER CHANGE FORM
 FOR CRIME VICTIMS
 COMPENSATION**

Please carefully read all Instructions before completing form.

*** Required Fields**

Address Change:

*Provider Number:	Send this form to the address at the top of page. Contact us at: 1-800-762-3716 · Fax: (360) 902-5333
Unless otherwise notified, your claims related correspondence will go to your business (physical) address. Please check this box if you would like all your mail to go to the billing address.	

Physical Address: (Where you would like to receive general correspondence; cannot be a PO Box)

Old Physical Address:	New Physical Address:
Address	Address
City State ZIP	City State ZIP
Phone	Phone

Billing Address: (Where you would like checks mailed)

Old Billing Address:	New Billing Address:
Address	Address
City State ZIP	City State ZIP
Phone	Phone

Name: (Name as it appears on your license)

Provider Number:	Old Name:	New Name:
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Provider Account Termination:

I wish to terminate the provider account number below for the following reason:		
Provider Number:	Provider Name:	Effective Date:

Tax Information Change: (Please check appropriate box and attach current W-9 form.)

Tax Identification Number:	Name Change:	Address Change:	Number Change:
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(ATTENTION) Provider Number and signature required below for processing.

*Date:	*Provider Number:	*Signature:
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PLEASE
DO NOT
STAPLE

Statewide Payee Registration & W-9 Form Washington State

STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

- NEW REGISTRATION** (also includes changing the LEGAL NAME, SSN, EIN or reporting type)
- CHANGE to EXISTING REGISTRATION** – complete the ENTIRE form and check below what is updated:
- Business Name/DBA Business Address Contact Information Bank, Routing or Account Numbers Payment Options

If you know your Statewide Vendor Number, enter it here: **SWV:** _____ - _____

STEP 2: Enter information about the payee and contact person

_____ Legal Name of Payee as it appears on federal tax forms			_____ EIN or SSN for the Legal Name at left		
_____ Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name			_____ Contact Person		
_____ Mailing Address for us to send notifications or payments – PO Box or Street Address			_____ Title of Contact person		
_____ Mailing Address – Suite or Office Number			_____ () - Ext.		
_____ City			_____ Telephone Number for Contact Person		
_____ State			_____ () -		
_____ Zip + 4			_____ Fax Number for Contact Person		
_____ Email for us to use ONLY to send you notifications about your account			_____ 2350 / MIPSC / N /		
			_____ L&I # / System / Client Type / L&I Provider #		
			_____ (Above Line for L&I Office Staff Only)		

STEP 3: Select Payment Option:

- Direct Deposit to bank (recommended) or Check in US mail

Note: Register now for Direct Deposit available January 2013.

STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

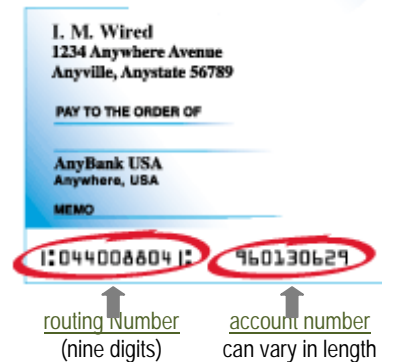
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

You may also attach a voided check if you are unsure which number to enter above

Account Type: Checking or Savings (Checking will be used if neither box is marked.)



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

_____ Authorization Name on Account	_____ Title
_____ SIGNATURE of Authorization Name on Account	_____ Date

STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification
1. Legal Name (as shown on your income tax return)	
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name	
3. Check ONLY ONE box below (see W-9 instructions for additional information)	
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member
<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
5. If exempt from backup withholding, check here: <input type="checkbox"/> (see instructions for W-9 to determine if you are exempt from backup withholding)	

6. Address (number, street, and apt. or suite no.)	For office use																																				
7. City, state, and ZIP code																																					
7. Taxpayer Identification Number (TIN) Enter your EIN OR SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). <i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i>																																					
<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td></tr> </table> <p style="font-size: 24pt; margin: 10px 0;">OR</p> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Social security number												-			-			Employer identification number											-						
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8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> • The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and • I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and • I am a U.S. person (including a U.S. resident alien). <i>(For additional information about the W-9 see the W-9 Instructions.)</i>																																					
SIGNATURE of U.S. PERSON	Date																																				

STEP 6: Submit to ONE of the following:

For fastest service, PRINT, SIGN, EMAIL and FAX to:

For Medical Providers
 Provider Network Application (WPA): Email: *ProvNet@Lni.wa.gov* FAX: 360-902-4563
 Non-Network Provider Application: FAX: 360-902-4484

For Crime Victims
 Licensed Mental Health Counselors FAX: 360-902-5333

Instructions for the Statewide Payee Registration Form

The term 'payee' refers to an individual or business that received payments from the State of Washington. This form is intended to be used for payees to register with the State of Washington, indicate how they would like to receive payments, and change their registration information.

For prompt payment, it is important that we receive complete and accurate information. **We must return any form that is not complete, so please be sure to read and follow these instructions carefully.**

Step 1: Is this a new registration or a change to an existing registration?

Select **NEW REGISTRATION** if:

- You have never completed the Statewide Payee Registration Form.
- You are changing the legal name of a payee already registered.
- You are changing the EIN (Employer Identification Number) or SSN (Social Security Number) of a payee already registered.
- You are changing the reporting type (sole proprietor, corporation, etc) on an existing registration.

Select **CHANGE TO EXISTING REGISTRATION** for all other changes to an existing registration, and check the items that have changed. Be sure to **COMPLETE the ENTIRE form**, even if you are only changing one item. This will help us keep your account up to date and accurate. If you know your SVN number, please enter it on the form.

Step 2: Payee & contact information

Legal name of payee – enter the name as it appears on federal tax forms.

Business name – “doing business as” name. Enter only if different from legal name.

Mailing address – enter the PO Box or street address where you want information sent to you. If you choose to have checks mailed to you, this is the address where they will be sent.

Primary business –

Enter the primary occupation of the payee.

EIN or SSN – enter the EIN or SSN you use with the IRS for the legal name entered.

Contact person – the person we can contact with questions about your registration.

Title of contact person – title of the contact person.

Telephone number for contact person – telephone number of the contact person

Fax number – fax number of the contact person

Email for contact person - enter the email address we should use to communicate with you about your registration and your payments. We will use the email address to:

- Notify you when your account has been set up.
- Notify you when changes you submitted have been made
- Notify you when your payment has been processed, if you have signed up for direct deposit

NOTE: For larger organizations we recommend that you use the email address for a distribution list to ensure that our notifications are received and processed quickly.

Step 3: Payment options

Indicate if you want to receive your payments via Direct Deposit or via US Mail.

Step 4: Direct deposit information

Financial institution name & phone number – enter the name and phone number of the financial institution where you want your funds deposited. This **must** be a US institution.

Routing number – this is the 9 digit Bank Identification Number assigned by the American Banking Association. The routing number is the first 9 numbers at the bottom of your check. See example on form. Do not use the routing number from a generic deposit slip – these begin with the number ‘5.’

Account number – this is your bank account number, and can vary in length. It usually follows the routing number on the check

Account type – select the kind of account your payment will be deposited into. If you do not make a selection, funds will be transferred into the checking account.

Authorization Signature – in order for us to process the Direct Deposit, we need the signature of the person on file with the bank.

Step 5: W-9

The IRS has issued new regulations governing how we report payments and calculate withholding.

We need a complete, signed W-9 in order to process your registration and verify any changes to it.

1. Legal name of payee – enter the name as it appears on federal tax forms.

2. Business name – “doing business as” name. Enter only if different from legal name.

3. Check one box for your IRS reporting type – you must check ONLY one box to indicate if you are an individual, corporation, non-profit organization, etc.

4. Check if the business is medical or legal - If you are a corporation, S-corporation, partnership or LLC, and your business is medical or legal, you must check the appropriate box. See the W-9 instructions for more information about reporting types.

5. Mailing address – enter the PO Box or street address

6. City, State and ZIP

7. Taxpayer Identification Number – enter the Employer Identification Number (EIN) **OR** Social Security Number (SSN) you use with the IRS for the legal name entered. **DO NOT ENTER BOTH.** Enter ONLY the one that you use with the IRS for the legal name.

8. SIGN the W-9

Step 6: For fastest service, PRINT, SIGN, EMAIL and FAX both pages to - Medical Providers - Provider Network application (WPA) email to ProvNet@Lni.wa.gov or fax to 360-902-4563 and Non-Network Provider application fax to 360-902-4484. For Crime Victims Licensed Mental Health Counselors – fax to 360-902-5333.