

Mail, fax or post your data change request:

By mail: SIEDRS
P.O. Box 44890
Olympia, WA 98504-4890
By fax: Attention: SIEDRS
(360)902-6977



Data Change Request

SIEDRS

(Self-Insurance Electronic Data Reporting System)

Claims Data is Confidential. Please do not send data change requests via e-mail.

Instructions for Posting the Data Change Request

Step 1: POST the completed Data Change Request form in your "Correspondence" folder using your SIEDRS Logon ID and password, at <https://sft.wa.gov>.

Step 2: NOTIFY the SIEDRS team by sending an e-mail with your Logon ID to SIEDRS@lni.wa.gov.

Important: *The Department will no longer make name changes unless there has been a legal name change, or there is concern that we have not correctly established the person's identity.* SIEDRS does not track name discrepancies as outstanding errors, and does not expect to receive corrections. Error messages regarding name discrepancies are simply informational.

Questions? E-mail us at: SIEDRS@lni.wa.gov

Change Request

Date: _____ Company/TPA Name: _____ Requestor Name: _____

Email: _____ Phone: _____ SIEDRS Logon Name (example vst_sdr235): _____

Complete all information that applies to your change request(s).

Change Request	1	2	3	4
Account ID				
Employer				
Claim Number				
Claimant Name				
Risk Class				
Data element to be changed				
Change Value From				
Change Value To				
Reason for Change				

FOR DEPARTMENT USE ONLY

Department Decision				
Reason if not approved				
Requested Information				
Reviewer				
Date				