

Submit completed form to:
SIFormsOrder@Lni.wa.gov

Self-Insured Company Name	Self-Insured Account ID
Contact Name	
Contact Phone Number	Email Address

There are two options for ordering the SIF-2:

1. Claim numbers you place on the SIF-2 template or approved substantially similar form. You will receive an emailed set of claim numbers in blocks of 100.
 - You are responsible for tracking the claim numbers assigned to you.
 - Enter the claim number into the field on the upper right hand corner of your form.
2. Pre-printed paper copies produced by L&I with the claim number. They are in sets of 100. You will receive the form by USPS mail.

Select one of the two options below and complete the required information. When filling orders, we will round up to the nearest hundred.

1. Emailed Claim Numbers — Quantity: _____

OR

2. Pre-Printed Paper Forms — Quantity: _____

Mailing Address		
Mailing Address Line 2		
City	State	Zip Code

Please email the completed form to SIFormsOrder@lni.wa.gov or Fax to 360-902-6977
If you have questions about the form order, please call 360-902-6901