

Please submit request via e-mail to

LWPWebAccess@lwclaims.com



Incident Reporting Portal REQUEST

This form authorizes LWP to provide to the Primary Contact, named below, a link to an Incident Reporting Portal. A URL will be created for the employer and may be shared with individuals who have incident reporting responsibility.

This authorization shall remain valid unless or until the authorized group, program manager, or employer makes a written request for the portal to be changed or deactivated.

Request is authorized by:

Employer Name

Required: Last 4 digits of FEIN _____
(To include additional entities, submit a list of employer names & last 4 digits of the FEINs)

Authorized Representative

Title

Phone Number

E-Mail Address

Signature

Date

Primary Contact for Incident Reporting. The portal link and instructions will be e-mailed to this contact person. It is important that the URL only be given to those who need access to the portal.

Primary Portal Contact - Name

Title

Phone Number

E-Mail Address

When incidents are submitted via the portal, an email notification will be sent to one email address

E-Mail address for notification of reported incidents