

Please submit request via e-mail to

[LWPWebAccess@lwclaims.com](mailto: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