Use this form if you intend to hand-deliver, mail, or fax your appeal. Don't send this form as an attachment to an email. If you want to file an appeal electronically, the form can be found at https://fortress.wa.gov/biia/efiling/NewAppeals/biia02.ASP.

Please use this form OR file electronically. Don't do both.

NOTICE OF APPEAL
Washington State Workers' Compensation Only

If you disagree with a decision of the Department of Labor & Industries (L&I) concerning a workers' compensation claim, this form can be used to file an appeal of that decision. You must file the appeal with the Board of Industrial Insurance Appeals **WITHIN 60 DAYS** of the date you receive L&I's decision.

Board of Industrial Insurance Appeals
2430 Chandler Court SW
PO Box 42401
Olympia, WA 98504-2401
FAX: 360-586-5611 or 855-586-5611 (outside Olympia)

* indicates required field

1. ***Today's Date:** _____

2. **Appeal Filed By:**
☐ Attorney
☐ Beneficiary
☐ Lay Representative
☐ Provider
☐ Self
☐ Retro Group
☐ Other _____

3. **Appeal Filed on Behalf of:**

☐ Beneficiary
☐ Employer
☐ Provider
☐ Worker/Claimant
☐ Retro Group

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4. Worker Information

*First Name:	Middle Name:	*Last Name:

*Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Interpreter Needed? ☐ Yes ☐ No   Language? _____

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5. L&I Information

*L&I Claim No.: _____ *Date of L&I Decision: _____

Date of Injury or Occupational Disease: _____

City Where Injury or Occupational Disease Occurred: _____

What are you asking for? _____

6. Employer Information

*Company Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If appeal filed by Employer, please provide:

Contact Name: _____ Title: _____

Email Address: _____

Are you part of
a retro group?   ☐ Yes   ☐ No   If yes, name: _____

7. Preparer Information (if different from above)

Preparer Name: _____

Attorney Name _____ Bar No. _____

Firm Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Email Address: _____

8. Location

I desire to have any proceedings held in: _____ (County)

CERTIFICATION

Print Name: _____

Signature: _____