



Firm Vocational Provider Account Change Form

Items not listed on this change form must be changed through submittal of a new Vocational Provider Account Application.

An application or additional change forms can be downloaded from the department's website at <http://www.lni.wa.gov/ClaimsIns/Providers/Vocational/Become/default.asp>.

Please refer to the instructions (on reverse) when making changes. The firm's vocational manager must sign the form to initiate the changes.

Firm (Payee Provider) Changes

Firm Name (Please Print) _____ Phone _____
 Firm Provider Account Number _____ Federal Tax ID _____

Change in Branch Address – only for changes of branch address within the same service location.

Branch number (if known) _____

Old physical address and telephone number (street address, city, state, zip).

New physical address and telephone number (street address, city, state, zip).

Effective date of change _____

Firm Provider Account Number _____ Federal Tax ID _____

Staff Deletions (You may copy this form)

Provider Name	Provider Number	VRC/Intern ID #	Date of Separation

Add a Branch: Complete Firm Branch Identification Form

Branch Deletions (You may copy this form)

Effective Date	Address	City	State	ZIP

Firm Designee Information

Add/Delete (check one)	Effective Date	Name (please print)	Branch Location(s)	LINIIS Logon ID (if assigned)
<input type="checkbox"/> Add <input type="checkbox"/> Delete				
<input type="checkbox"/> Add <input type="checkbox"/> Delete				

I (print name of vocational manager) _____ attest that all of the information presented here by me is true and accurate, and that I agree to abide by the terms of the Vocational Provider Application and Agreement, as amended by any changes presented on this Firm Vocational Provider Account Change Form.

 Signature of Vocational Manager

 Date

 For L&I Use Only

Please read all Instructions before completing the Firm Vocational Provider Account Change Form.

Firms (Payee Providers)

Please enter your firm name, telephone number, your provider account number and federal tax identifier as currently listed with the department to ensure changes are made to the correct provider account.

Change in Branch Address within same Service Location only

Utilize this form for change in Branch Address within same Service Location only. For other changes in Branch Address, utilize the Vocational Provider Account Application (F252-017-000). Changes to mailing, warrant, or correspondence address must utilize the standard Provider Accounts Change form (F245-365-000) available from L&I. The standard Provider Accounts Change form can be obtained at <http://www.lni.wa.gov/forms>

Contact Person's Name

Complete if contact person for purposes of account and/or billing has changed.

Billing Phone

Complete if billing phone (where we may call regarding your account/bills) has changed.

Staff Deletion

Enter the name, provider number, VRC/Intern number and date of separation for VRC/Interns no longer associated with your firm.

Firm Branch Deletion/Addition

List addresses of branch or branches you wish to delete. List the effective date. If adding a branch, be sure to include the Firm Branch Identification form.

Tax ID Address Change

Utilize the standard Provider Accounts Change form (F245-365-000) available from L&I. The standard Provider Accounts Change form can be obtained at <http://www.lni.wa.gov/FormPub/>

Tax ID Number Change

If you have a tax ID number change, please complete a new Vocational Provider Account Application and Form W-9 and return it to the appropriate address on the form. Please include a list of all providers with their provider account numbers who should be changed to the new tax ID number. The Form W-9 must show the effective date of the change.

Voc Link Connect – Firm Designee Information

Please indicate whether you are adding or deleting designee(s) for your firm. List the effective date of deletion of a firm designee. If you have more additions or deletions, please submit on a new form (copy as needed). All copies must be signed.

For additional information regarding the vocational rehabilitation rules, visit our web-site:

<http://www.lni.wa.gov/ClaimsIns/Providers/Vocational/Become/default.asp>

Send completed form to:

Private Sector Rehabilitation Services
Department of Labor and Industries
PO Box 44326
Olympia, WA 98504-4326

360-902-6756
FAX 360-902-6706



Firm Branch Identification Form

List all new branches being added to the firm.

Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
City	SL Number	Fax Number (if any)
Street Address	SL Name	Telephone Number
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