

THE INDUSTRIAL COMMISSION OF ARIZONA



ICA Community Administrator Account Request Form

_____ (“Party”) (FEIN: _____)
hereby requests that the Industrial Commission of Arizona (the “Commission”) assign Party’s
“administrator” privileges in the ICA Community to the following ICA Community user(s):

Request to Add “Administrator” Privileges

Carrier/Self Insured Employer

Account Username (*i.e.* Email Address to be associated with “administrator” privileges):

Is this email address associated with a current user of the ICA Work Injury Claim Portal?

Yes No Unsure

Contact Person Associated with Account: _____

Contact Phone Number: _____

Request to Remove “Administrator” Privileges

Carrier/Self Insured Employer

Account Username(s) (*i.e.* Email Address(es) associated with “administrator” privileges):

This ICA Community Administrator Account Request (“Request”) shall be effective on the date the Commission’s new Claims System becomes operational or the date the Request is submitted, whichever is later. This Request will remain effective until Party completes and submits an updated Request using this form.

By signing below, I certify that I am an authorized representative of Party. I further certify that I am authorized to sign and submit this Request and that all of the representations included in this Request are true, accurate, and complete.

Printed Name

Title

Email Address

Phone

Signature

Date

THE INDUSTRIAL COMMISSION OF ARIZONA



The Commission requests that Parties submit this form in the following ways:

In-Person or by U.S. Mail:

**Industrial Commission of Arizona
c/o MIS, Julie Hill
800 West Washington Street, Suite 103
Phoenix, Arizona 85007**

By E-Mail:

Julie.Hill@azica.gov

Questions regarding the completion of this form may be directed to Julie Hill at Julie.Hill@azica.gov.