



Creating a State Agency Account with IWIF

Thank you for your interest in creating a **State Agency Account** with us. Having an account will allow you to access our online eServices.

Please provide as much information as you can so we can get started:

Requestor's First & Last Name:	_____
Requestor's Title:	_____
MD State Agency's Name:	_____
Account/Agency Number:	_____
Email Address:	_____
Phone Number:	_____

Select the desired **eServices access level** for this account:

Admin		Basic	
<u>Level 1:</u> <ul style="list-style-type: none">• Report an injury online• Query a reported injury or claim• Run detailed reports & loss runs• Access to Safety Center		<u>Level 2:</u> <ul style="list-style-type: none">• Report an injury online• Access to Safety Center	

Please return the completed form to StateEServices@iwif.com to continue the account creation process. We will respond to your account request within 1-2 business days.

Thank you!

IWIF