



# WELCOME

to your login for Washington state.



SIGN UP!

GET HELP

TIPS ON

## LOGIN

USERNAME

PASSWORD

SUBMIT

[Forgot your username?](#) | [Forgot your password?](#)

## ON BEHALF OF





Sign Up!



## Sign Up For An Account

Fill in the following form to sign up for an account. If you are not sure if you already have an account, [check here](#).

### Personal Information

First Name

Last Name

Primary Email

### Contact Information For Security (Optional)

Provide additional contact information to receive security codes and reduce the chance of losing access to your account. You can add or edit additional contact information later in your SAW account settings.

Additional Email Address (Optional)



USERNAME

PASSWORD

[Forgot your password](#)

on state.

PI!

GET HELP

TIPS ON

F OF

NGTON  
STATE  
AGENCIES





USERNAME

PASSWORD

[Forgot your password](#)

Mobile Phone Number (Optional)

Message and data rates may apply. A message will only be sent when you request it. View our [Mobile Terms of Service](#) or [Privacy Policy](#) for more information.

## Username and Password

Username

Password Requirements

Add at least 10 more characters

Add a special character or a lower case letter or an uppercase letter or a number

Password

Confirm Password

I'm not a robot



[Privacy Policy](#)

Create my account

on state.

!

GET HELP

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STATE  
ENCIES





# GOOD AFTERNOON!

## What can we help you access today?

[ACCOUNT](#)[GET HELP](#)[TIPS ON](#)[LOGOUT](#)[ADD A NEW SERVICE](#)

Welcome to Secure Access Washington! To start using services from agencies around Washington, click the 'Add A New Service' button above.

SHOWING YOUR SERVICES FROM

ALL OF WASHINGTON





# GOOD AFTERNOON!

What can we help you access today?

[HOME](#)[ACCOUNT](#)[TIPS ON](#)[GET HELP](#)[LOGOUT](#)

## ADD A NEW SERVICE

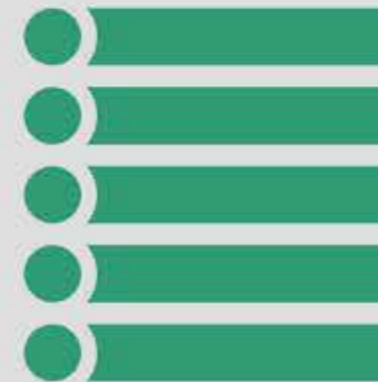
I have been given a code by an agency.



I would like to browse a list of services by name.

A-Z

I would like to browse a list of services by agency.



Department of Information Services

Department of Labor and Industries

Department of Licensing

Department of Natural Resources

Department of Retirement Systems

Department of Revenue

Department of Social and Health Services

Department of Transportation

Department of Veterans Affairs

Employment Security Department

Enterprise Services

Health Care Authority

Liquor Cannabis Board

Office of Administrative Hearings

Office of Financial Management

Office of the Insurance Commissioner





# GOOD AFTERNOON!

## What can we help you access today?

[HOME](#)[ACCOUNT](#)[TIPS ON](#)[GET HELP](#)[LOGOUT](#)

### SERVICES FROM ESD



**Employment  
Security  
Department**  
WASHINGTON STATE

**EMPLOYER ACCOUNT MANAGEMENT SERVICES (EAMS)** [APPLY](#)

File your unemployment taxes and manage your state unemployment tax account all in one place with EAMS

**MY UNEMPLOYMENT INSURANCE TAX (NEW EAMS SINGLES)** [APPLY](#)

File your unemployment taxes and manage your state unemployment tax account all in one place.

**PAID FAMILY AND MEDICAL LEAVE (PFML)** [APPLY](#)

Paid Family Medical Leave Program access for employees and employers

**WORKSOURCEWA** [APPLY](#)

Search Washington jobs and talent on the state's premiere employment website. You'll also find career-planning tools,



## REGISTRATION COMPLETE

This service has been added to your list and is ready for you to start accessing.

OK





# GOOD AFTERNOON!

What can we help you access today?



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ADD A NEW SERVICE

Paid Family and Medical Leave (PFML) provided by Employment Security Department

Access Now

*Paid Family Medical Leave Program access for employees and employers*

[Contact PFML help desk](#) [Remove from my list](#)

SHOWING YOUR SERVICES FROM

ALL OF WASHINGTON





NOW ACCESSING



**Employment  
Security  
Department**

WASHINGTON STATE

You are now accessing Paid Family and Medical Leave provided by Employment Security Department. If you require assistance, the Paid Family and Medical Leave help desk can be reached at [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov) or 833-717-2273.

CANCEL

CONTINUE

If you have employees in Washington state, you'll need a Paid Family and Medical Leave account to file quarterly reports and pay premiums.

- Unified Business Identifier (UBI)
- Preferred Contact Information

Create an Account



### Employer Agent

If you would like to file quarterly reports or pay premiums on behalf of any employer, you will need an Employer Agent account.

To register your account, you'll need to provide your:

- Legal Entity Name
- Employer Identification Number (EIN)

Create an Account



### Elective Coverage

Self-employed people can opt-in to receive this benefit by electing coverage. You may be self-employed if you are a sole proprietor, joint venturer, member of a partnership or LLC, or an independent contractor.

To register your account, you'll need to provide your:

- Business Information
- Preferred Contact Information
- Social Security Number (SSN)
- Individual Taxpayer Identification Number (ITIN)

Create an Account



### WA Cares Exemption

If you are an employee and would like to apply for an exemption from WA Cares, you will need to create an account.

To create your exemption account, you'll need:

- First Name
- Last Name
- SSN

Create an Account



## Personal Information

We require the following personal information to set up your account.

**First Name\***

**Middle Initial**

**Last Name\***

**SSN\***

**Re-Enter SSN\***

## Primary Contact Information

Domestic  International

**Phone Number (###-###-####)\***

**Phone Ext.**

**Email Address\***

## Mailing Address

We may need to send mail regarding your account.

**Address Line 1\***

**Address Line 2**

**City\***

**State\***

**ZIP Code\***

**ZIP Code Ext**

Cancel

Next

Name

Customer ID

### My WA Cares Exemption

Now that you've created an account, you can apply for a WA Cares exemption.

To apply, you will need to provide proof of your identity.

[Apply for an Exemption](#)

### Attestation

Your age

By submitting my application for exemption, I attest that I:

- Am at least eighteen years of age.
- Have long-term care insurance as defined in [RCW 48.83.020](#) that was purchased before November 1, 2021.
- Wish to opt out of participating in the WA Cares Fund Program.

I understand that:

- If my application for exemption is approved, I will never be able to participate in the WA Cares Fund program and I will never be eligible to receive program benefits.
- The Employment Security Department may verify the information I provide and may request additional information.

Cancel

Next