

## APPLICATION FOR DEG USER ACCOUNT 104's

Michigan Department of Labor and Economic Opportunity  
Workers' Disability Compensation Agency  
P.O. Box 30016, Lansing, MI 48909

### INSTRUCTIONS

The Michigan Workers' Disability Compensation Agency is now accepting from carriers, individual and group self-insurers, health care providers, and attorneys, **forms 104A, 104B, and 104C** via upload through Michigan Data Exchange Gateway, a secure portal. If you submit the application using the DEG portal, **please do not send a copy to the Agency in any other format (ex. mail or fax)**. Upon completion of any transmission, no confirmation will be sent. You will be contacted only if there is an issue with the submission.

Multiple-page documents may be submitted in a single upload, but each document **must be identified by the form number** (ex. 104A, 104B, or 104C) at the **beginning** of each document name.

Uploaded forms will only be accepted from attorneys/firms approved to practice in Michigan, carriers approved to write workers' compensation in Michigan, approved self-insurers and approved group self-insurers, or servicing agents approved to act on their behalf.

An insurance carrier group or law firm can have no more than one user account.

If you are interested in participating, please complete the application form and email it to [kurikesuj@michigan.gov](mailto:kurikesuj@michigan.gov). Once the form is received and approved you will receive user instructions including User ID and Password. *If you already have an account as a DEG user, you do not need to fill out a new application. **You will however need to follow the instructions specific to submitting any Form 104.***

Sections 7, 8, and 9 must identify the applicant's **direct** contact information.

Sections 10-14 are to be completed by approved self-insured employer or group fund only.

1. Attorney/Law Firm, Carrier, Self-Insurer, Group Self-Insurer, or Provider	2. NAIC or Self-Insurer ID Number
3. Street Address	4. City
5. State	6. ZIP Code
7. Contact Name	
8. Contact Email	9. Contact Phone Number

Approved service company filing on behalf of self-insured employer or group fund.

10. Self-Insurer Service Company Name (if applicable)	11. Self-Insurer Service Company ID Number
12. Service Company Contact Name	
13. Service Company Contact Email	14. Service Company Contact Phone Number

This form must be promptly updated whenever any information indicated above changes.

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.