IAIABC
ELECTRONIC PARTNERING INSURER/CLAIM ADMINISTRATOR ID LIST

TO: **(*Jurisdiction Name and Workers' Compensation Agency Name*)**
EDI Coordinator & Technical Contact Information
IT Contact Name: _____
IT Contact Phone Number:_____
IT Contact E-mail Address: _____
IT Contact Fax Number: _____

FROM: (*Trading Partner*)_____

Legal Name (no abbreviations): _____

Sender ID FEIN:**_____ Postal Code** (9 digits): _____ – _____

Date Prepared:_____

* The **Sender ID FEIN** and **Postal Code** should be the same as those that your company will use as the SENDER ID in the Header Record of all EDI transmissions, and should match information submitted on your IAIABC Electronic Trading Partner Profile.

Provide the Insurer/Claim Administrator FEIN, full Legal Name, and Jurisdiction Assigned ID, if applicable, as assigned by the Jurisdiction for whose claims the Sender (Trading Partner) will be transmitting data. The Jurisdiction must notify the Sender of any discrepancy between the identifying information in the table and the Jurisdiction's present records. This list will be used to reconcile identification tables, whereas Insurer/Claim Administrator FEIN is the primary key. It is understood that this list will have entries added or removed from time to time, and those changes will be reported in accordance with jurisdiction requirements as outlined in the Trading Partner Documents Instructions.

#	Insurer/Claim Administrator FEIN	Insurer/Claim Administrator Legal Name	Jurisdiction Assigned ID
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Please use additional pages for more than 20 insurers.

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